

***Kristin Burns, LCSW, AOBTA CP, RMT
Mind Body Therapist
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REIKI CLIENT INTAKE

Any information you share will remain confidential and is optional.
Personal Information:

Name

Address

City/State/Zip

Email

Date of Birth

Occupation

Emergency Contact Name/Number

Please answer the questions to the best of your knowledge.

Have you had a Reiki treatment before? Yes / No If yes, date of last session?

What were you being seen for?

What was your experience like?

Do you have any difficulty lying on your back for the session?

Yes/ No

If yes, please explain

Would you prefer a chair that keeps your body upright? Yes / No

Are you currently under medical supervision? Yes / No

Condition(s) being treated for

Medicines presently taking & for what condition?

Are you open to work on positive visualization or simple meditation techniques during the session?

Yes/No

What are your goals for today's session?

This can be on a physical, emotional or spiritual level.

If you know the answer already, write it down or think about it before the session.

Do you have any additional comments or questions before your Reiki session?

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological issue I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed: _____ Date: _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.