

Reiki Client Intake Form

Name:

Date of Birth:

Mobile Number:

Email:

How did you come across Pitru -Reiki and more:

Are you under any medication? Please mention the reason.

☐ Yes

☐ No

What are your goals for receiving Reiki:

☐ Relaxation

☐ Pain Relief

☐ Addressing a Trauma

☐ Others,
Please specify:

Reiki is a simple hands-on healing technique that is used for stress reduction and relaxation. Reiki practitioners do not diagnose any medical condition. It is recommended that you see a licensed physician or licensed health care professional for any physical or psychological ailment you may have. You understand that Reiki can only complement any Physical or Psychological care you may be receiving. During a Reiki session, your Reiki practitioner will lay their hands on your body (or from a distance based on your preference) in a series of hand positions to deliver Reiki energy. You might feel a floating sensation, emotional release, increased relaxation, enhanced sense of balance, centeredness, and calm.

Please sign below if you acknowledge the given information and give your consent to receive the treatment.

Signature: _____

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 age.

