

Just for You Day Spa/Salon
10028 128th St E
Puyallup Wa 98373

Reiki Intake Form

Today's Date: _____
Client's Name: _____ D.O.B. _____
Phone Number: _____ Preferred Pronouns: _____
Cell Phone Provider: (to receive text reminders) _____
Email: _____

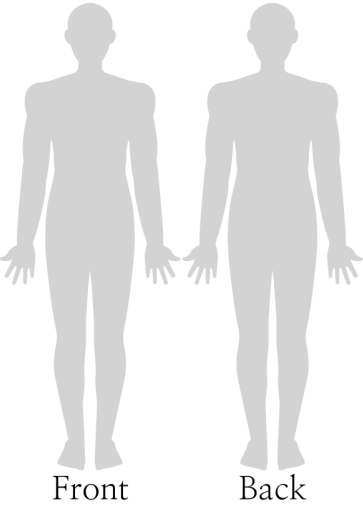
Are you currently under a physician's care? ___Yes ___No

Have you ever had a Reiki Treatment Session before? ___Yes ___No

If yes, is there anything about that experience that you feel I should know?

- I understand that Reiki is a simple, gentle energy technique that can be given at a distance, or hovering over the body. I can be used for stress reduction, relaxation, and overall well being.
- 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 can complement any medical or psychological care I may be receiving, but does not take the place of medical care. It is recommended that I see a licensed physician or health care professional for any physical or psychological ailment I may have.
- I understand that I have the right to stop or pause treatment at any time during the session. I understand that I will be given the opportunity before each session to choose whether I am seated or lying down.

Signed: _____ Date: _____



Directions:
Please draw a circle around any area(s) of the body that you would like particular attention or focus today.

Please draw a X over any area you would like avoided

Note: You may stop or pause your session at any time by making a verbal request, or by holding up your hand.

Front Back

Clients Name: _____ Appt. Date/Time _____

Reiki Practitioner: Mariann Tripp

Appointment Preferences: Please Check the boxes that correspond with your preferences for today's Reiki Session:

<p style="text-align: center;">Energy Transmission:</p> <p><input type="checkbox"/> Hands Over</p> <p><input type="checkbox"/> At a Distance</p>	<p style="text-align: center;">Your Positioning:</p> <p><input type="checkbox"/> Seated</p> <p><input type="checkbox"/> Lying Down</p>
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What is your intention for seeking a Reiki treatment today?

Other comments:
