



# Serenity Salt Cave & Healing Center

## Reiki Client Questionnaire

Name: (Please Print) \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell phone or evening: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Current medications and dosage: \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_\_ Yes \_\_\_\_ No

If yes, physician's name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever had a Reiki session before? \_\_\_\_ Yes \_\_\_\_ No

If yes, when was your last session? \_\_\_\_\_

Number of previous sessions: \_\_\_\_\_

Do you have a particular area of concern? \_\_\_\_\_

Are you sensitive to touch? \_\_\_\_\_

Reiki is a healing modality that focuses on physical and emotional health and wellbeing. Reiki supports and compliments all natural healthcare and conventional forms of medicine. 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 ailment 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: \_\_\_\_\_

Client Name: \_\_\_\_\_

### **Privacy Notice:**

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

**Reason for Session:**

\_\_\_ Relaxation and Stress Reduction  
\_\_\_ Specific Issue \_\_\_\_\_

Physical: \_\_\_\_\_

Emotional: \_\_\_\_\_

Mental/Spiritual: \_\_\_\_\_

Changes since last session: \_\_\_\_\_

Observation / Scan before Reiki Session: \_\_\_\_\_

Observation / Scan after Reiki Session: \_\_\_\_\_

Post Session Notes: \_\_\_\_\_

Length / Type of Session: \_\_\_\_\_

Follow-up Planned: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_