

Safe Space Healing
Client Intake Form for Reiki Treatment

PLEASE DO NOT WEAR PERFUME OR EXCESSIVE JEWELRY TO OUR SESSION. THANK YOU!

Name _____ DOB _____ Referred By _____

Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Occupation _____

Are you sensitive to touch? _____

List any health issues, accidents or surgeries pertinent to this session:

Do you have difficulty lying on your back for an entire session? _____

What is the goal of this visit? Relaxation ___ More Energy ___ Stress Reduction ___ Trauma ___
Pain Relief ___ Other _____

I truly hope you do not suffer from recurring thoughts of any of the emotions below, but if you do, would you check those off that apply please. It's safe to answer, I used to have them too.

Pain	<input type="checkbox"/>	Anger	<input type="checkbox"/>	Fear	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Other	<input type="checkbox"/>
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What one emotion do you find yourself feeling the majority of your day?

Do you practice having boundaries, self-care and self-compassion?

Do you have any questions or concerns before we begin?

Disclaimer: I agree that energy therapy such as Reiki, Healing Touch, Vibrational Sound Therapy or any other alternative modality is a beneficial adjunct to

traditional medical approaches and is in no way intended to take the place of medicine or doctor's visits. I understand that the practitioner is not a doctor and therefore does not diagnose maladies or prescribe medicines and I do not hold the practitioner or this facility responsible for my health issues or problems that arise during or after a session. The information that is exchanged during the session is educational in nature and to be used at my discretion. I understand that the practitioner is not a psychotherapist. Sessions are not intended to take the place of psychological counseling. I agree to inform the practitioner of any changes in my health status or any discomfort that arises during a session.

I understand that this is a professional and not personal agreement and to honor and respect that in all interactions. _____(initial)

I have the right to question my practitioner and/or request that the session be terminated. _____(initial)

By signing, I acknowledge the above as well as agreeing to Safe Space Healing's cancellation policy below.

Client Signature_____Date_____

Cancellation Policy: Clients may be charged in full for their appointment if they cancel in the same day of their appointment or if they fail to show up for their appointment. Cancellation fee will be waived if the therapist can fill the slot. Please cancel appointments a minimum of 24 hours in advance. Thank you!