

Intuitive Energy Healing and Reiki
Appointment/Intake Form

Date: _____ Name: _____

I am interested in an: Intuitive Energy Session _____ Reiki Session _____

Date of Birth: _____ Email _____

Home Telephone: _____ Work Telephone: _____

Address: _____
Street City/Province Postal Code

Lanaguage/s: English _____ French _____ Other _____

Emergency Contact Person: _____
Name Phone City

Medical Conditions(circle):

Thyroid Disease Hypoglycemia Anemia Allergies Anxiety Disorders

Food Sensitivities Mitral Valve Prolapse Inner Ear Problem Depression

Vitamin Deficiency _____ Heart Disease Cancer _____

Other/s (please list) _____

Purpose of session:

Do you have an established support system? Who?

Please share a future dream or goal that you have?

1 My favourite colour is. _____.

2 I sometimes/chronically have pains/cramps/aches in the following places:

3 I feel the following emotions quite a lot or chronically:

4 I cannot feel the following emotions or body parts often/well:

5 My best time of the day is

6 My worst time of the day is

<i>Please answer the following questions.</i>	Yes	No
I have experienced a Reiki session before		
I have had an energy balancing session before		
I know about chakras		
I have used holistic remedies for my growth and development		
I have a spiritual path that I am consciously following		
I have experienced trauma		
I have difficulty adjusting to new situations and or people		
I am generally uncomfortable with touch		
I am generally uncomfortable expressing myself		
I love myself		
I accept myself		
I am comfortable asserting myself		
I feel like I belong		
I feel connected to the world around me		

Is there anything else you wish to share?

Please note that all written or sessional information will be confidentially maintained.