

# Reiki Client Record

Date: \_\_\_\_\_

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

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Profession: \_\_\_\_\_ Current Job: \_\_\_\_\_

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

Where did you see the: Leaflet? \_\_\_\_\_

Article? \_\_\_\_\_

Advert? \_\_\_\_\_

Is this your first Reiki treatment? Yes/No

Are you interested in learning Reiki? Yes/No

Are you doing any meditation or therapy now? Yes/No

Have you done any meditation or therapy in your past? Yes/No

Do you have any serious medical conditions? Yes/No

Are you taking any medication? Yes/No

Are you undergoing any treatment of any kind now Yes/No

Is yes please specify \_\_\_\_\_

**Please do not write below this line: For practitioner's use only**

Treatment received on: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

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

Emotional/mental well-being: \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_