

## Reiki Treatment Form

<b>Date</b>	
<b>Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Date of Birth</b>	
<b>Reason for Visit</b>	
<b>General Health</b>	
<b>Past Illness</b>	
<b>Specialist Treatment/Doctor</b>	
<b>Medications</b>	
<b>Particular fears/worries etc.</b>	
<b>Any areas of concern</b>	

## Reiki Treatment History

<b>Client Feedback – Session 1</b>	<b>Date</b>
<b>Client Feedback – Session 2</b>	<b>Date</b>
<b>Client Feedback – Session 3</b>	<b>Date</b>
<b>Client Feedback – Session 4</b>	<b>Date</b>
<b>Client Feedback – Session 5</b>	<b>Date</b>
<b>Client Feedback – Session 6</b>	<b>Date</b>
<b>Client Feedback – Session 7</b>	<b>Date</b>