



Oak and Clouds

REIKI & INTUITIVE ENERGY HEALING INTAKE FORM

Date: _____

Name: _____ Date of Birth: _____

Pronouns: (She/Her/Hers) (He/Him/His) (They/Them/Theirs) Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Emergency contact Name _____ Phone Number _____

Occupation: _____ Do you have Insulin Dependant Diabetes or Pacemaker? Yes__ No__

Have you had a Reiki Session before? Yes _____ No _____ Energy Healing Session? Yes _____ No _____

How was the experience? _____

Religion/Spiritual Practice: _____

List any specific areas/needs you would like the practitioner to concentrate on during the session? _____

What are your goals for your session? _____

Anything else you feel is important to share? _____

Do you have any questions or concerns I should be aware of? _____