

# Tree of Life Wellness Services, LLC

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## Intake Form – Reiki

Name \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Day phone \_\_\_\_\_ Eve phone \_\_\_\_\_

Cell/other \_\_\_\_\_ Email address \_\_\_\_\_

How would you prefer I contact you? \_\_\_\_\_ OK to leave msg? \_\_\_\_\_

Occupation \_\_\_\_\_ How did you hear about me? \_\_\_\_\_

Have you gotten reiki or other energy work before? If so, what was the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What results would you like to see from today's visit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any health concerns? \_\_\_\_\_

\_\_\_\_\_

Any communicable illnesses? \_\_\_\_\_

Have you had any surgeries/accidents/injuries? \_\_\_\_\_

\_\_\_\_\_

Please list any medications/herbs/vitamins/etc. that you take: \_\_\_\_\_

\_\_\_\_\_

How is your energy level today? \_\_\_\_\_

\_\_\_\_\_

Any areas you prefer not to be worked on? \_\_\_\_\_

Do you have tension, pain or soreness in any particular area? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_