

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? _____

