Reiki Consultation Form

Client Name	**Practitioner Name**

Address	**Home Number**
	Mobile Number

Date of Birth	**Occupation**

Reason for visit/expectations

Current Health : Excellent/Good/Average/Poor

Details of any major illnesses/operations in last 5 years :

Current Medication :

Treatment from another practitioner? YES/NO

Details of other any other treatments being received :

LIFESTYLE	
Energy Levels :	Excellent/Normal/Below Average/Poor
Ability to relax :	Excellent/Normal/Below Average/Poor
Smoker	Yes/No - **How many per day?**
Drink alcohol	Yes/No - **Number of units per week?**
Allergies	Yes/No – **Details**
Exercise	Daily/Weekly/Occasional/None - **What types?**
Diet	Excellent/Good/Average/Below Average/Poor
Sleep pattern	Excellent/Good/Average/Below Average/Poor **Number of hours sleep per night on average**

Treatment plan and advice given :

Details of the treatment being offered have been fully explained. I consent to treatment and I agree to inform the practitioner if there are any changes to my health or medication whilst receiving treatment.

Client Signature_____ Date : _____

Practitioner Signature_____ Date: _____