

-PRIVATE AND CONFIDENTIAL-



REIKI
CLIENT CONSULTATION FORM

Name:

Address:

.....

Phone No: Mobile:

Email:

Date of Birth: Referred by:

Next of Kin: Phone No:

Reason for visit:

MEDICAL HISTORY.....

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.....

Length of time condition present:

Current medication:

.....

Allergies:

General Practitioner:

Name:

Address:

.....

Phone No:

Signed:

Reiki Practitioner:

Client:

Date: