



CONFIDENTIAL REIKI INTAKE FORM

(please print clearly)

Name: _____

Date _____

Date of birth : _____ (M/D/Y) Sex: M F

Address: _____

EmailAddress: _____

Empower your Health with monthly health tips by Nature's Touch: YES _____ NO _____

Telephone number:

Home: _____ Work: _____

May we leave messages or email relating to your visits? YES _____ NO _____

Emergency contact:

Name: _____

Phone number: _____

Relation: _____

How did you hear about our Clinic?

If referred, who were you referred

by: _____

Other health care providers you are seeing:

1. _____

2. _____

3. _____

**Reiki Treatment
Intake, Disclosure & Consent Form**

Anne Marie Flavell
Alternative Wellness Practitioner
Reiki Master / Teacher

Have you ever been treated for an emotional problem? Yes _____ No _____

If yes, what type of treatment did you receive?

Please list any medications you are currently taking:

Please list any current health problems:

How would you like to improve yourself in positive ways?

Have there been any previous methods to solve the problem? If so, please describe the method and results:

In one sentence, describe your life:

In one sentence, describe your problems:

What motivates you?

List one thing you feel proud of and why:

For each question, please check off the characteristic that best describes you and your behaviour:

1. I make important decisions based on:

- How I feel about it
- Which way sounds the best to me
- Which way looks best to me
- A complete analysis and evaluation of the issues

2. In a discussion I am most likely to be influenced by:

- The other person's tone of voice
- Whether or not I can see the other person's point of view
- The logic of the other person's perspective
- How I connect with the other person's feelings

3. I communicate what is going on with me most by:

- The way I appear and look
- How I share my feelings
- How I express my thoughts
- The tone of my voice

4. I find it easy to:

- Fine-tune the volume and resonance on a stereo system
- Find the most logical point on a subject
- Pick out the most comfortable furniture
- Picture the most attractive colour combinations

5. Which phrase is most like you?

- I am tuned into the sounds around me
- I process new facts and data easily
- I am very in touch with the way my clothes feel on my body
- I vividly respond to colours and to the way a room looks

6. I know that someone knows me best when they:
- 🍏 Are in touch with what I am feeling
 - 🍏 See things from my point of view
 - 🍏 Really hear what I am saying
 - 🍏 Understand how I think
7. I am more likely to:
- 🍏 Want to make sense of the facts you convey to me
 - 🍏 Want to see how it appears to me
 - 🍏 Want to hear how what you say sounds to me
 - 🍏 Want to grasp how the project feels to me
8. To make something real to me you need to:
- 🍏 Show it to me
 - 🍏 Tell me about it
 - 🍏 Let me feel it out
 - 🍏 Make it logical
9. When I am stressed I find it least easy to:
- 🍏 See someone else's perspective
 - 🍏 Tune into what someone else is saying
 - 🍏 Separate my feelings from someone else's
 - 🍏 Consider someone else's thinking
10. I usually:
- 🍏 Listen to my inner voice
 - 🍏 See my path clearly ahead
 - 🍏 Feel my way through life
 - 🍏 Organize and decide my life logically

Important Appointment Information

All sessions shall be scheduled in advance. Should you be unable to make your session, please provide a minimum of 24 hours notice. Thank you.

Signature: _____

Date: _____

DISCLOSURE AND CONSENT FORM

Anne Marie Flavell

Reiki Master / Teacher

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that the treatments administered are only for the purposes of helping me to relax and to relieve stress. Reiki Practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor do they interfere with any treatment of a licensed medical professional. I understand that I should see a physician for any physical or psychological ailment that I may have.

I also understand and believe that the body has the ability to heal itself and to do so, relaxation is beneficial. I understand that long term imbalances in the body may require multiple treatments. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki treatment.

I acknowledge my commitment to my self-improvement process. I consent to receive Holistic Health treatments from Anne Marie Flavell.

Signed:

List any other therapies that you are utilizing / receiving:

List any surgeries that you have had:

List any serious accidents or injuries that you have had:

Note any pain that you are experiencing now:

Note any mental health or emotional issues that are affecting you at this time:

Do you smoke?	Yes	____	No	____
Do you sleep well?	Yes	____	No	____
Are you under any extra stress right now?	Yes	____	No	____
Do you suffer from headaches?	Yes	____	No	____
Do you have a heart condition?	Yes	____	No	____

Is there anything else that I should know about you to assist in your treatments?

Signed: _____

Name (please print): _____

Date: _____