

-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: .....