FOR ADULT CLIENTS · NONCLINICAL SESSION

Reiki intake form

BEFORE YOUR APPOINTMENT

Before your appointment, we will explain the service, ask about your preferences, and answer questions. You can decline any question that is not needed for booking. Please do not put diagnoses, medication lists, payment-card details, or emergency information in this general form. If a separate regulated service requires information, the practitioner will explain that process.

Contact details

Name you use for your appointment Required

Preferred contact method Choose one

◯ Email ◯ Phone

Appointment date, if known Optional

Email address or phone number for appointment administration Required

Before the session

☐ I confirm that I am 18 or older

What would you like from this session? Optional, up to 300 characters. Please avoid detailed medical information.

Return completed forms only through the channel your practice designates, never to HolisticHealer.net.

Your preferences

What practical access or comfort arrangements would help? Optional, up to 300 characters. If you prefer, we can discuss this privately.

Have you attended this type of session before? Optional

◯ Yes ◯ No ◯ Prefer not to say

☐ I would like to discuss the session before deciding
Optional

Acknowledgment

I have received the practice contact details and know how to ask questions.

Name **Date**

Practice contact: [Contact]. Return this form using: [Secure return method].

PRACTITIONER INSTRUCTIONS · REMOVE BEFORE GIVING THE FORM TO A CLIENT

Before you use this form

Prepare an adult client session with contact details, practical preferences, and clear next steps. This short form avoids a blanket request for medical history. Use the separate consent and preferences worksheet to explain the service and record choices.

Customization and quality check

Replace the practice contact and return method. Retain only the contact information needed for scheduling. Do not add compulsory medical questions without a documented purpose and appropriate review. A signature on this intake is not a liability waiver or a substitute for an informed discussion.

Scope

For adult, nonclinical sessions. The form deliberately avoids a blanket request for medical history and is not a liability waiver.

Adult confirmation: if the box is not checked, the practitioner must resolve eligibility before service.

Customization checklist

- [ ] Replace every shaded [bracket] field with your practice details, or delete the line.
- [ ] State the return method: completed forms come back only through the channel your practice designates, never to HolisticHealer.net.
- [ ] Remove this instruction page before giving the file to a client.
- [ ] Replace the practice contact and return method.
- [ ] Retain only the contact information needed for scheduling.
- [ ] Do not add compulsory medical questions without a documented purpose and appropriate review.
- [ ] A signature on this intake is not a liability waiver or a substitute for an informed discussion.

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