

# Reflexology Client Intake Form

## **Client Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Check here to receive our Wellness e-newsletter**

What is your primary reason for this session today? \_\_\_\_\_

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Are you allergic to nut oils/ essential oils?  Yes  No

Are you currently under the care of a physician?  Yes  No

Are you in pain ?  Yes  No \_\_\_\_\_

### **Informed Consent**

I understand that Reiki is a gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that this Reiki practitioner does not diagnose conditions, prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that my health is my responsibility.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

*All information is confidential . No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18*