

Client Intake Form - Reiki Therapy

Personal Information:

Name:

Email:

D/O/B:

Occupation:

The following information will be used to help plan safe and effective Reiki Healing Sessions.

Please answer the questions to the best of your knowledge.

****** This is a healing session solely aimed at the progression of healing you are comfortable with. Disclose however much or little you would like and the healing will be a reflection of this.***

1. Do you have any difficulty lying on your front, back, or side? Yes No
 If yes, please explain:

2. Do you have any allergies to oils, lotions, or ointments? Yes No
 If yes, please explain:

3. Do you have sensitive skin? Yes No

4. Do you need glasses or contact lenses () dentures () hearing aid ()?

5. Do you sit for long hours at a workstation, computer, or driving? Yes No
 If yes, please describe:

6. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
 If yes, what do you do and how does it affect you:

7. Do you experience more stress in your work, family, or other aspect of your life?
Work [] Family []

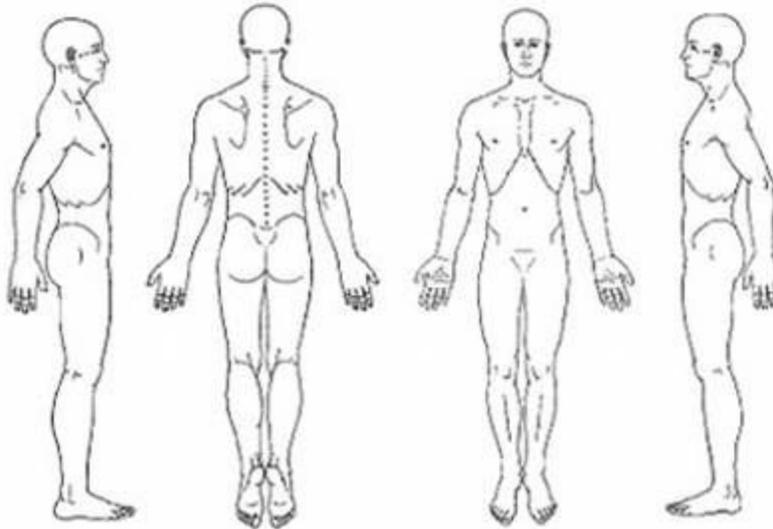
How do you think it has affected your health? Check all that apply:

Muscle tension [] anxiety [] insomnia [] irritability [] other []

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain, or other discomfort? Yes No

If yes, please identify:

Circle any specific area you would like therapist to concentrate on during the session. Feel free to include notes associated with body areas:



Read Each group of traits listed below. Circle the traits with which you resonate in Each group. You may circle / choose as many as you like.

Spaciness, disconnection, underweight issues, fear/anxiety, lack of focus or follow through, self destructiveness, sense of being unlovable, masochistic or suicidal tendencies, passivity, financial lack, poor boundaries

Greed, hoarding, excessive materiality, overeating / overweight issues, excessive spending, laziness, fatigue, fear of change, obsession with security, and rigid boundaries.

Rigidity of both body and beliefs, frigidity, self-denial, lack of social skills, lack of desire, lack of creativity

Irresponsibility, emotionalism, invasiveness towards others, seductive manipulation, codependency, obsessive attachments; Addictions to: sex, romance, shopping, substances, carbohydrates or eating, alcohol

Low self-esteem, low self-confidence, contracted energy, unhappiness with one's life situation, being easily manipulated, having poor self-discipline, poor digestion, victim mentality, unreliability, passivity, blaming attitude

Controlling, aggressive, dominating behavior, need to be right, stubbornness, egotism, hyperactivity, pride, competition

Inability to forgive, loneliness, lack of empathy, lack of self-love, apathy, indifference, withdrawing, aimless

Jealousy, martyrdom, self-aggrandizement, self-centeredness, tribalism

Underactive thyroid, grinding teeth, fear of speaking, inability to express one's truth, too precise, overregulated

Talking too much, gossiping, stuttering, loudness, overactive thyroid, lack of consideration, compulsive behaviors, overeating

Inability to see the obvious, denial of problems or challenges, being easy to deceive, chaos, codependency, abusive relationships, difficulty in planning the future, memory loss, lack of joy, anxiety in public situations, perception issues

Fantasizing, hallucinations, difficulty concentrating, obsessiveness, delusions, nightmares, self-centeredness, turmoil

Loss of meaning, loss of identity, apathy, selfishness, inability to put closure on unfinished business, unwise decision making, spiritual cynicism, learning difficulties, fear of death, feeling alone, feeling separate from others, ignoring one's own bodily needs, Lack of: purpose, ethics, joy, and trust

Overly intellectual, living 'in the head', feelings of superiority, manic-depressive behavior, hysterical behavior, disassociation from the body

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Place Deposit of 50% to hold space on calendar.

Dates Available February 13-15-17-18