

Indigo Nature Reiki Services
Intake Form

Client Information

Name: _____

Address: _____

Phone #: _____ Email: _____

Would you like to be added to our mailing list? ☐ Yes ☐ No

Occupation: _____

Emergency Contact Name _____ Phone #: _____

General Information

How did you learn about our services? _____

Have you ever had a Reiki session before? ☐ Yes ☐ No

If yes, for what purpose? (general wellness, stress reduction etc) _____

What are your goals with Reiki?

☐ Relaxation ☐ Stress Reduction ☐ Pain Reduction ☐ Other-please explain

Are you allergic or sensitive to fragrances or scented oils? ☐ Yes ☐ No

Reiki Service

Reiki Method:

- ☐ In Person
☐ Distance / Remote

Reiki Subject:

- ☐ Person
☐ Pet
☐ Farm Animal
☐ Project / Situation

** We will contact you for additional details depending on the method and subject requested*

Client's Signature _____

Date _____