

Mercaz Wellness

Reiki Intake Form

Client Name: _____

Session #: _____ **Date:** _____

Injuries: _____

Movement restrictions: _____

Surgeries: _____

Any Pain (scale of 1-10): 1 2 3 4 5 6 7 8 9 10

Location of Pain: _____

Medication: _____

Diet: _____

Supplements/herbs: _____

Allergies: _____

Blood pressure: _____ **Heart disease:** _____

Pregnancy: _____

Sleeping rhythm: _____

Psychological/Emotional/Stress: _____

Yoga practice: _____

Meditation practice: _____

Energy Level (scale of 1-10): (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Do you trust your intuition?: _____