

<b>Reiki Consultation</b>
<b>Dates Revised:</b>

## REIKI CONSULTATION QUESTIONNAIRE

Reiki Consultation

<b>Name</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Address:</b>		
<b>GP Name and address:</b>		

### HEALTH QUESTIONS

<b>Childhood illness:</b>	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Polio
<b>Immunizations and dates:</b>	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia				
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox				
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>				
<b>List any medical problems that may affect your Reiki Treatment</b>						
<b>Ailments if any listed</b>						
Year	Reason	Treatment if applicable				
Heart condition						
Diabetes						
Thyroid						
Hormonal						
Respiratory						
<b>Other illnesses:</b>						

Thank you for completing the Reiki Questionnaire. If you have any serious ailments I will need to know before the Reiki treatment can begin. If you have open cuts or wounds these will need to be covered .

- During the treatment you may see colours, feel heat or coldness.
- You may feel drowsy, emotional or have heightened emotions after your treatment. This is normal with the Reiki healing process.