



Inspired Spiritual Healing with Amber Dawne Beyer

Client Intake Form

Name (Please Print): _____
Phone (Main): _____ Email: _____
Address: _____
Emergency Contact (Name & Number): _____
Current Medication(s): _____

Are you currently under the care of a physician? ___ Yes ___ No
If yes, Physician's Name: _____
How did you hear about us? _____
Have you ever had a Reiki Sessions before? ___ Yes ___ No
If yes, when was your last session? _____
Number of previous sessions _____

Do you have a particular area of concern? _____
Do you have any other areas of concerns you would like to address? _____

Are you sensitive to perfumes or fragrances? _____
Are you sensitive to touch? _____

I understand that Reiki is a simple, gentle, hands-on and hands-off energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they 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. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. 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 long term imbalances in the body sometimes requires multiple sessions in order to facilitate the level or relaxations needed by the body to heal itself.

Name(Printed): _____ Date: _____

Signature: _____

Privacy Notice:

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