

Energy Work Intake Form

Please complete this form prior to your session. This information is kept confidential and helps tailor your Reiki, Craniosacral Therapy, or Crystal Healing session to best meet your needs.

Personal Information

Name: _____

Date: _____

Phone: _____

Email: _____

Date of Birth: _____

Emergency Contact: _____

Health Information

Please check any conditions you currently experience or have experienced:

Headaches/Migraines

Stress/Anxiety

Chronic Pain

Recent Injury or Surgery

Neurological Conditions

Sleep Issues

Pregnancy

Other:

Current Medications: _____

Are you currently under medical care? Yes No

Session Goals

What are your primary intentions for this session? (Relaxation, emotional balance, pain relief, spiritual connection, other)

Consent & Acknowledgment

I understand that energy work such as Reiki, Craniosacral Therapy, and Crystal Healing are complementary wellness practices and do not replace medical diagnosis or treatment. I consent to receive energy work today.

Signature: _____

Date: _____