

# Client Information Form

## Personal Details

Date	
D.O.B	
Name	
Contact Number	
Email Address	

## General Health Information

Please disclose any current medical conditions that the reiki practitioner should be made aware of.  
E.g. Pregnancy, heart conditions, implanted medical devices  
Please note – you are under no obligation to discuss this information with the practitioner only to disclose the information in order for the practitioner to cater for your specific requirements and to personalise your reiki treatments.


## Reason for Seeking Reiki Therapy

Please give some information regarding the reason you are seeking reiki  
E.g. Relaxation, stress relief, specific ailment


Please tick this box if you do **not** wish to receive further offers or correspondence from Bluejay Rising