

Spiritual Chi Wellness
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Reiki Health Form

Please fill out the form below, being as honest and thorough as possible. Please refrain from eating a heavy meal, ingesting caffeine or excess sugar 1-2 hours before our sessions, thanks.

Today's Date _____

Name _____

Address _____

Telephone: Day _____ Night _____

Is it alright to leave a message and is it pertinent that I be discreet? _____

E mail: _____

Emergency Contact: _____

Best way to contact you: _____

Date of Birth _____ Age _____

Passions/Interests:

Occupation _____ How long _____

Relationship Status: _____

Are you satisfied with your primary relationship and/or your support system? _____

On a scale of 1 (low) to 10 (high), how stressful is your: Work _____ Health status _____

Social/family situation _____

What are your primary reasons for receiving Reiki?

1. _____
 2. _____
 3. _____
- _____

What other health-related issues do you have/have you had in the past?

Are you currently working with any other health care practitioners?

Medications currently or previously used (Over the counter and prescription)

Name	Dosage / Frequency/Duration	For what reason are you taking this?

Supplements/vitamins/herbs currently used

Name	Dosage / Frequency/Duration	For what reason are you taking this?

For Women:

Are you now pregnant? _____

Are you actively trying to conceive? _____

*** If you discover that you are pregnant during the course of our work together, please let me know as soon as possible.**