

KM WELLNESS CLIENT INFORMATION FORM/ Reiki

Last Name: _____ First Name and Initial: _____
Address: _____ E-mail: _____
Day Phone: _____ Evening Phone: _____
Employer/ Source of Income: _____
Occupation/ Current Work: _____
Education: _____ Other Training: _____
Special Aptitudes: _____
Age: _____ DOB: _____ Marital Status: _____
General Health: _____ Date of Last Physical Exam: _____
Physician Name and Location: _____
Any Notable Findings? _____

Please note any prescription medications here:

What specific area of your life is presently causing you concern and what brings you in today?

Here is a list of life-areas and common difficulties which often lead people to seek professional help. Please check those you feel may also apply to you. You may add any items that are not listed here.

Alcohol Usage	Guilt Feelings	Self-Motivation
Artist's Block	Insomnia	Sexuality
Athletic Performance	Lying/ Cheating	Shyness
Body Image	Money Worries	Stress/ Tension
Communication	Motion Sickness	Surgical Anxiety
Depression	Phobias/ Fears	Weight Control
Drug Usage	Residual Pain	Work Problems
Eating Problems	Relationships	Other:
Emotional Upset	Relaxation	
Everyday Fears	School Problems	