

Reiki Treatment Application Form

Please complete this form to request your treatment. It's designed to allow me to best help you, and takes just a little time to complete.

Your First and Last Name (mandatory)*

Your Email Address (mandatory)*

Your Contact Telephone Number(s) (mandatory)*

Your UK Address (Number/Street, City, County, Post Code)

For whom is this treatment? Briefly describe the situation/all people involved, and relationships

Provide brief medical history. Particularly indicate significant data, i.e. pacemaker, epileptic, cancer, etc

Date of Birth of the person who will receive the treatment.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
DD		MM		YYYY	

Provide Further Medical Info: medicine, planned surgery (type/date), lifestyle factors.


Describe symptoms of the condition or situation for which Reiki is wanted, including emotional/mental challenges currently faced e.g. as a result of physical conditions.

Do you understand that I cannot guarantee any benefits you/the recipient might receive from treatment? Reiki goes where it's most needed and it's your soul who decides how to use the Reiki energy for your highest good. (mandatory) *

- Yes, I understand.
- No, it's not clear to me how Reiki Energy works

Type the two words from the image below.*

She *ommedam*



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