

Tanya Whannell

Reiki Treatment Application Form

Full Name	
Email	
Phone	
Address	
For whom is the 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	
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.

Yes, I understand

No, it's not clear to me how Reiki Energy works

I consent to the information provided on this form being used by Tanya Whannell to answer my query and provide me with the services requested.

I agree

Please either email this form to tanya@whannell.co.uk or send to:

Tanya Whannell
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