

Attribute Questionnaire for Reiki

Name: _____

Date: _____

YOUR PHYSICAL HEALTH

How would you rate your current state of physical health?

☐ Excellent ☐ Good ☐ Average ☐ Poor

Explain any physical challenges you are presently experiencing, if any:

Are you under the current consistent care of a physician? ☐ Yes ☐ No

If yes, briefly explain: _____

Physician(s) Name: _____
(Optional) _____

Are you taking over-the-counter or prescription medications? ☐ Yes ☐ No

If yes, please list:

If you are experiencing side effects from the medications, briefly explain

Holistic Therapies Check the following modalities that you have experienced

Whole Medical Systems

___ Homeopathy
___ Osteopathic Medicine

Biologically Based Practices

___ Biofeedback
___ Herbal Therapy
___ Hydrotherapy
___ Nutritional Counseling

Energy Medicine

___ Chi Kung
___ Healing Touch
___ Magnetic Therapy
___ Reiki
___ Therapeutic Touch

Manipulative and Body-Based

___ Acupressure or
Jin Shin Jyutsu or Shiatsu
___ Acupuncture
___ Alexander Technique or
Feldenkrais Method
___ AMMA Therapy
___ Aromatherapy
___ Breema Bodywork
___ Chiropractic Medicine
___ Cranial Osteopathy or
Cranio-Sacral Therapy
___ Lymphatic Therapy
___ Massage
___ Trigger Point Therapy or
Neuromuscular Therapy
___ Physical Therapy
___ Qi Gong

Mind-Body Medicine

___ Art Therapy
___ Color Therapy
___ Guided Imagery
___ Hypnotherapy or Psychological
Counseling
___ Meditation
___ Music Therapy
___ Neuro-Linguistic Programming
___ T'ai Chi
___ Yoga

Other

___ _____
___ _____

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For those holistic modalities that you are currently experiencing:

Modality	When was your last session	Number of sessions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you feel your current modalities are appropriately addressing your needs? ☐ Yes ☐ No

If no, briefly explain. _____

LIFE ACTIVITIES

☐ SINGLE ☐ MARRIED ☐ CHILDREN: _____ MALE _____ FEMALE

CURRENT OCCUPATION: _____ For how long? _____

ANY PREVIOUS OCCUPATIONS: _____

WHAT ARE YOUR HOBBIES OR WHAT DO YOU ENJOY DOING IN YOUR FREE TIME?

WHAT COLOR(S) TEND(S) TO BE YOUR FAVORITE?

___ Red	___ Pink
___ Purple	___ Lavender
___ Deep Blues	___ Light Blues
___ Black	___ Gray
___ Oranges	___ Yellow
___ Greens	___ White

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WHAT ARE THE THINGS IN LIFE THAT BRING YOU JOY?

WHAT DO YOU FIND MAKES LIFE DIFFICULT?

DO YOU HAVE A PREFERENCE TO BE WITH PEOPLE OR ENJOY TIME ALONE?

ARE THERE ANY EMOTIONAL, MENTAL OR SPIRITUAL ISSUES THAT YOU ARE EXPERIENCING OR WORKING THROUGH THAT YOU WOULD LIKE TO ADDRESS IN YOUR SESSION?

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOURSELF OR ANY SPECIAL REQUESTS:
