|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Click here to enter text.  Attribute Questionnaire for Reiki  **Name:** Click to enter name. **Date: Click to Enter Date**  **YOUR PHYSICAL HEALTH**  How would you rate your current state of physical health?  Excellent  Good  Average  Poor  Explain any challenges (physical, mental, relationship, etc.) you are presently experiencing, if any:     |  | | --- | | Click here to enter text. |   Are you under the current consistent care of a physician?  Yes  No  If yes, briefly explain:   |  | | --- | | Click here to enter text. |     Physician(s) (Optional) Type of Services How Long?     |  |  |  | | --- | --- | --- | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |   Are you taking over-the-counter or prescription medications? Yes No  If yes, please list and explain any side effects you are experiencing, if any:  Medications Use Frequency Side effects     |  |  |  | | --- | --- | --- | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |   Holistic Therapies Check the following modalities that you have experienced  *Whole Medical Systems Manipulative and Body-Based Mind-Body Medicine*  Homeopathy  Acupressure or  Art Therapy  Osteopathic Medicine Jin Shin Jyutsu or Shiatsu  Color Therapy  Acupuncture  Guided Imagery  Biologically *Based Practices*  Alexander Technique or Hypnotherapy or Psychological  Biofeedback Feldenkrais Method Counseling  Herbal Therapy  Physical Therapy  Meditation  Hydrotherapy  Aromatherapy  Music Therapy  Nutritional Counseling  Breema Bodywork  Neuro-Linguistic Programming  Chiropractic Medicine  T’ai Chi  Cranial Osteopathy or  Yoga  *Energy Medicine* Cranio-Sacral Therapy  Qi Gong  Lymphatic Therapy *Other:*  Healing Touch  Massage  Magnetic Therapy  Trigger Point Therapy or  Reiki Neuromuscular Therapy  Therapeutic Touch |  |
|  |  |  |

Attribute Questionnaire for Reiki

For those holistic modalities that you are currently experiencing:

Modality When was your last session Number of sessions

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

If no, briefly explain.

|  |
| --- |
| Click here to enter text. |

**LIFE ACTIVITIES**

SINGLE MARRIED Number of CHILDREN: # MALE # FEMALE

CURRENT OCCUPATION: Click here to enter text. For how long? Click here to enter text.

ANY PREVIOUS OCCUPATIONS:

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

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

Red  Pink

Purple  Lavender

Deep Blues  Light Blues

Black  Gray

Oranges  Yellow

Greens  White

Continue to Page 3

Attribute Questionnaire for Reiki

**WHAT ARE THE THINGS IN LIFE THAT BRING YOU JOY?**

|  |
| --- |
| Click here to enter text. |

**WHAT DO YOU FIND MAKES LIFE DIFFICULT?**

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |