



Client Intake Form

PRIVATE WELLNESS INFORMATION

About you

Thank you for sharing what will help you feel safe and supported. Complete only what feels relevant. Reiki sessions at Satori Healing are currently available to adults age 18 and older.

FULL LEGAL NAME

☐ I confirm that I am 18 years of age or older.

PREFERRED NAME

PRONOUNS (OPTIONAL)

DATE OF BIRTH

PHONE

EMAIL

ADDRESS

EMERGENCY CONTACT NAME AND PHONE (OPTIONAL)

YOUR APPOINTMENT

☐ Private home studio

☐ Mobile session

☐ This is my first Reiki session

TOUCH PREFERENCE

☐ Light touch is welcome

☐ Hands-off / hovering only

☐ Please ask before any touch

AREAS TO AVOID OR ACCOMMODATE

COMFORT AND ENVIRONMENT

☐ Interested in the essential oil add-on

☐ Prefer a scent-free session

ALLERGIES OR SCENT SENSITIVITIES

Home studio note: Cats and dogs live in the home and are secured away during appointments. The studio is not allergen-free.



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Health and comfort

This information helps Bailey support your comfort and positioning. Reiki does not diagnose or treat medical conditions. Please continue care with your licensed healthcare professionals.

WHAT BRINGS YOU TO REIKI AT THIS TIME?

CURRENT HEALTH CONSIDERATIONS, MEDICATIONS, REMEDIES, OR SUPPLEMENTS YOU WOULD LIKE BAILEY TO KNOW ABOUT

SIGNIFICANT INJURIES, SURGERIES, MOBILITY NEEDS, OR POSITIONING CONCERNS

PLEASE CHECK ANYTHING RELEVANT TO YOUR COMFORT TODAY

- | | |
|---|---|
| ☐ Pregnant or possibly pregnant | ☐ Seizure condition |
| ☐ Heart or circulatory condition | ☐ Diabetes |
| ☐ Cancer or active treatment | ☐ Acute or persistent pain |
| ☐ Dizziness or fainting | ☐ Limited mobility |
| ☐ Anxiety or difficulty relaxing | ☐ Sensory sensitivity |
| ☐ Headache or migraine | ☐ Other consideration |

DETAILS YOU WOULD LIKE TO SHARE

ACCESSIBILITY, COMMUNICATION, OR SENSORY ACCOMMODATIONS

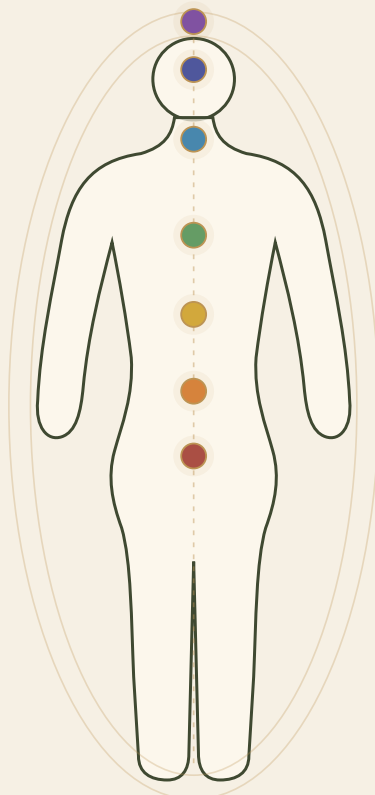


Client Intake Form

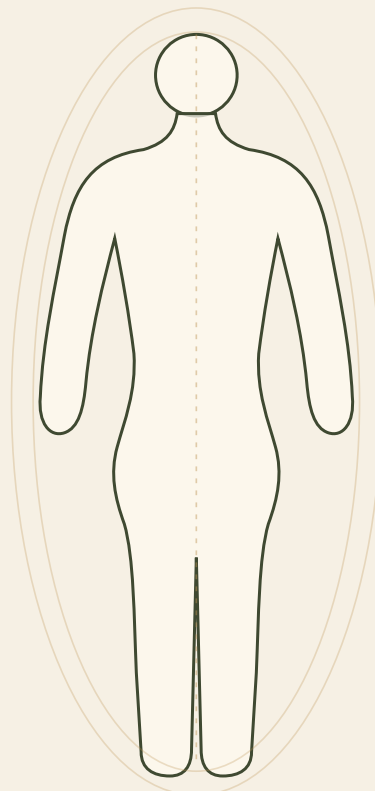
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Body and energy map

Circle, shade, or mark any physical areas you would like Bailey to be aware of. If chakra language resonates with you, you may also note sensations, imbalances, or perceived energetic blockages. This section is optional. When completing digitally, use your PDF app's drawing tool or describe the areas below.



FRONT - CHAKRA CENTERLINE



BACK

CHAKRAS YOU WOULD LIKE TO BRING AWARENESS TO (OPTIONAL)

- | | | | |
|---------------------------------------|------------------------------------|---------------------------------|--------------------------------|
| ☐ Crown | ☐ Third eye | ☐ Throat | ☐ Heart |
| ☐ Solar plexus | ☐ Sacral | ☐ Root | |

PHYSICAL SENSATIONS, AREAS OF DISCOMFORT, OR POSITIONING NOTES

ENERGETIC SENSATIONS, CHAKRA OBSERVATIONS, OR PERCEIVED BLOCKAGES (OPTIONAL)



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Before, during and after your session

Every Reiki experience is personal. Sensations may be physical, emotional, energetic, subtle, or not especially noticeable. There is no response you are required to have and no single experience determines the value of your session.

BEFORE YOUR SESSION

- Wear comfortable clothing. You will remain fully clothed throughout the session.
- Hydrate and eat as you normally would. Avoid arriving impaired by alcohol or recreational substances.
- Tell Bailey about any new pain, sensitivities, accessibility needs, or changes that may affect your comfort.

DURING YOUR SESSION, YOU MAY NOTICE

- Warmth, coolness, tingling, pulsing, heaviness, or lightness
- Deep relaxation, stillness, sleepiness, or falling asleep
- Colors, images, memories, insights, or a sense of spaciousness
- Emotion, tears, stomach sounds, small twitches, or other natural body responses
- Very subtle sensations - or nothing obvious at all

AFTER YOUR SESSION, YOU MAY NOTICE

- Calm, grounding, clarity, emotional openness, or quiet reflection
- Feeling sleepy, rested, energized, thirsty, or more aware of your body
- Vivid dreams, new perspectives, or subtle shifts over the following days
- No dramatic change; some experiences unfold gently or remain difficult to describe
- Your response may be different from one session to the next

GENTLE AFTERCARE

- Drink water, rest if needed, and give yourself space to observe without forcing an interpretation.
- Consider journaling anything meaningful. Seek appropriate licensed care for severe, persistent, or concerning symptoms, and do not change prescribed treatment without your provider.

CLIENT ACKNOWLEDGMENT

- ☐ I understand that Reiki experiences vary and no particular sensation or outcome is guaranteed.
- ☐ I understand that Reiki does not replace appropriate medical or mental health care.



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Intentions for your session

There is no right way to receive Reiki. Your intention can be simple: to rest, feel grounded, reconnect with yourself, or make space for whatever arises.

WHAT WOULD YOU LIKE SUPPORT WITH?

- | | | |
|---|---|--|
| ☐ Deep relaxation | ☐ Grounding | ☐ Stress support |
| ☐ Emotional spaciousness | ☐ Rest and sleep | ☐ Clarity and focus |
| ☐ Navigating change | ☐ Spiritual connection | ☐ Energetic balance |
| ☐ Body awareness | ☐ Grief support | ☐ Something else |

IN YOUR OWN WORDS, WHAT WOULD YOU LIKE TO RECEIVE FROM THIS SESSION?

IS THERE ANYTHING HAPPENING IN YOUR LIFE THAT MAY HELP BAILEY BETTER SUPPORT YOU?

QUESTIONS, CONCERNS, OR ANYTHING ELSE YOU WOULD LIKE BAILEY TO KNOW

Your preferences can change at any time. Please speak up before or during your session if you would like touch adjusted, music changed, oils removed, or the session paused or ended.