

# Kid Reiki Documentation Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Reason for Session

\_\_\_ Relaxation and Stress Reduction

\_\_\_ Specific Issue:

Physical \_\_\_\_\_

Emotional \_\_\_\_\_

Mental/Spiritual \_\_\_\_\_

Changes since last session: \_\_\_\_\_

Observation/Scan before Reiki session: \_\_\_\_\_

Observation/Scan after Reiki session: \_\_\_\_\_

Post-Session Notes: \_\_\_\_\_

Length/Type of Session: \_\_\_\_\_

Follow-up Planned: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_