

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: _____