*KAREN K. HARRISON, Reiki Master*

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**REIKI INFORMATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name printed |  | Date |  |

|  |  |
| --- | --- |
| Street Address |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City |  | State |  | Zip Code |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home phone |  | Cell phone |  | Birth date |  |

|  |  |
| --- | --- |
| Religious/ Spiritual Orientation |  |

|  |  |
| --- | --- |
| email |  |

|  |  |
| --- | --- |
| Where did you hear about me? |  |

**List treatments or medications you are currently receiving.**

|  |  |  |  |
| --- | --- | --- | --- |
| Medication or Treatment Type | Dosage | Frequency | When Started |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Comments and History (To be filled out by Karen)