



Lotus Wellness, Inc.
3920 Doeskin Drive, Apex NC 27539
(919) 762-0729

Reiki Intake and authorization form

Name: (Please Print) _____

Date of Birth: _____ Phone (Home): _____

Address: _____

City, State, Zip: _____

Email: _____

Current Medical Conditions & Medications:

How did you hear about us? _____

Have you ever had a Reiki session before? __ Yes __ No

If yes, when was your last session?

Do you have a particular area(s) of concern?

What is your goal for this session?

I hereby authorize Reiki treatment by Monica Dabney, Reiki Master. I agree to pay the fee for the service being rendered. If I do not cancel my appointment (s) by 24 hours in advance, I understand I will be charged \$35 no show fee.

Reiki Client

Today's date