



LUMINOUS ENERGY CENTER CLIENT INFORMATION FORM

Client Name: _____ Date: _____

Phone (home): _____ Cell phone or evening: _____

Address:

Email (optional):

Emergency Contact:

Reason for Session: _____ Relaxation and Stress Reduction _____ Specific Issue:

How did you hear about us?

Have you ever had an Energy Session (Reiki, Crystal Healing, Healing Touch?) __Yes __No

Are you sensitive to touch?

Do you have an electrical implanted device / pacemaker __Yes No __

Observation after Reiki Session / Post Session Notes:

