

Reiki Client - Appointment Evaluation Form

Date:

Name:

Address:

City:

State/Zip:

Phone:

Email



ReikiMindBody.com

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Pre-Appointment Scale:

(Please rate the following questions from 10 = Fantastic or the best to 1 = impossible or Terrible)

How are you feeling physically?

How are you feeling emotionally?

How is your energy level?

What number do you feel represents your self-worth at this time?

Are you in pain? (yes or no) If so, what number best represents your pain level?

What number best represents your stress level at this time?

Why are you here today?

Any thoughts you'd like to share with us on how we can serve you better:

Name:



Post-Appointment Scale:

(Please rate the following questions from
10 = Fantastic or the best to 1 = impossible or Terrible)

How are you feeling physically?

How are you feeling emotionally?

How is your energy level?

What number do you feel represents your self-worth at this time?

Are you in pain? (yes or no) If so, what number best represents your pain level?

What number best represents your stress level at this time?

What did you experience in this appointment?

How have you benefited from this appointment?