



The Foxwell centre  
of holistic therapies

### Reiki Questionnaire

<b>Full Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>GP Name / Address:</b>
<b>D.O.B / Age:</b>	<b>Telephone Number:</b>
<b>Emergency Contact Details</b> Name:  Relationship:  Telephone Number:	<b>Children:        Yes/No</b> <b>Ages:</b>
<b>Occupation:</b>	<b>Height:</b>
<b>Single/ Married/Partner/ Divorced/Widowed</b>	<b>Weight</b>

**Describe the condition or situation you would like to change with your Reiki treatment:**

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#### **1. Information**

Please list any existing medical conditions, including chronic illnesses and major surgery:

Please list any prescribed medication:

Do you have any allergies?

Yes/No

Please list:

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Any problems lying flat? Yes/No

Any mobility problems that would affect your treatment? Yes/No

What time did you last eat/drink? Eat:  
Drink:

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**2. How do you feel about the following:**

*In answering please focus on problem areas or difficulties and be as specific as possible. Ask yourself, as you consider the following areas, 'if there was one thing I could change, what would it be?'*

Your present occupation:

Your relationships with members of your family:

Your marital or partnership relationship (if in one, or lack if not):

Your emotional health:

Your physical health:

How do you feel about your spiritual development?

Is there anything else you would like to tell me that you feel is important?



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### **3. Alternative therapies**

Please list any current alternative therapies you are using:

List, if any, the spiritual tools you use and the frequency with which you use them:

List any body work that you have received on a regular basis (Alexander Technique, Holistic Massage etc):