

REIKI 2 PRACTITIONER CASE STUDY FORM

Reiki Practitioner

Name:

Reiki Level:

CLIENT DETAILS *(do not state clients true name or contact details)*

Case Study (e.g. 1, 2 or 3. Practitioner to submit three case studies for Reiki Master course)

Year of Birth: Male / female

Medical History:

Any allergies?

Hospital visits in the past 10 years:

Operations experienced (list specific place of the body and left or right sides)

Does client have: Asthma? Diabetes? High or Low Blood Pressure?

Currently taking medication?

Pregnant? Y / N (if yes – how many weeks?)

Client's average weekly drug / alcohol consumption is

Other Information regarding your medical history:

Practitioner Notes: (please answer every question)

- 1) What is the client's intention for the healing?
- 2) What does their condition / medical history highlight about the status of their chakras?
- 3) What Reiki healing techniques did you use to treat the client?
- 4) What ongoing healing did you suggest to the client?

Please submit your completed for to sam@samanthaavery.com prior to your course commencement.