

Reiki Treatment Chart

(Copy this form and submit 25 completed forms with your Reiki Master Application)

Practitioner's Name: _____ Date: _____

Client Name: _____

Client's medical / emotional / mental condition: _____

How does client feel before the treatment? _____

How does client feel after the treatment? _____

Other comments by client: _____

Practitioner's notes: _____

Distant Healing Treatment Chart

(Copy this form and submit 10 completed forms with Reiki Master Application)

Practitioner's Name: _____ Date: _____

Client Name: _____ (or your name if sending to self)

Sending to present / past / future time (circle one)? _____

Client's medical / emotional / mental condition: _____

How does client feel before the treatment? _____

How does client feel after the treatment? _____

Other comments by client: _____

How long did the treatment last? _____

What did you notice? _____

Practitioner's notes: _____
