



Essential Life Mastery Coaching & Healing

Melissa Peshka
Reiki Life Coach, CRMT, CACR

CLIENT INTAKE FORM

NAME _____ DATE _____

ADDRESS _____

PHONE _____ CELL _____

DOB _____ EMERGENCY NAME/NUMBER _____

EMAIL _____

CLIENT SIGNATURE _____

MEDICAL HISTORY: PAST INJURIES/SURGERIES/ILLNESSES _____

ALLERGIES _____

MEDICATIONS _____

OTC _____

STRESS _____

EXERCISE _____

RELAXATION TECHNIQUES _____

GOALS FOR THIS SESSION _____

*SESSION NOTES _____
