



# Dr Kavi Naidoo

Reiki & Energy Work  
MBChB, Usui Reiki Master

## Personal Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Province: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
OK to email promos? Y / N  
Occupation: \_\_\_\_\_ Status: F/T P/T Casual  
Emergency Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

## Medical Information

Are you taking any medications? Yes No  
If yes, please advise: \_\_\_\_\_  
Are you pregnant? Yes No  
If yes, how far along and are there any concerns? \_\_\_\_\_  
Do you suffer from chronic pain? Yes No  
If yes, please advise: \_\_\_\_\_  
Is there anything that makes it feel better or worse? \_\_\_\_\_  
Have you had any injuries? Yes No  
If yes, please advise: \_\_\_\_\_  
Please indicate if any of the following which apply to you:  

Cancer	Headaches/migraines	Stroke
Fibromyalgia	Arthritis	Heart attack
Diabetes	Kidney dysfunction	Joint replacement
Blood clots	High/low blood pressure	Numbness
Sprains/strains	Depression	Anxiety

  
Other: \_\_\_\_\_

## Healing Information

---

If at any time during the session, you feel unwell or uneasy, please advise your healer. You're welcome to provide insights/experiences during the session if it will assist in the session, or you can advise upon the closure of the session.

Have you ever had energy healing or Reiki performed before? Yes No

If yes, how long ago and what was the outcome? \_\_\_\_\_

Have you ever had any other holistic or natural healing performed before? Yes No

If yes, what was it, and how long ago and what was the outcome? \_\_\_\_\_

What are your goals for this healing session? Tick all that apply:

Physical relief Yes No

If yes, please explain: \_\_\_\_\_

Emotional relief Yes No

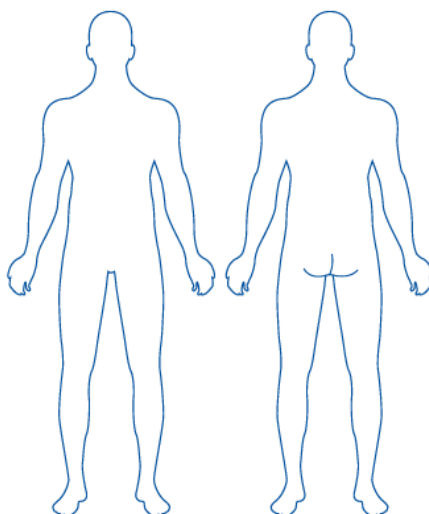
If yes, please explain: \_\_\_\_\_

Spiritual relief Yes No

If yes, please explain: \_\_\_\_\_

---

If applicable, mark the areas of concern on the chart below:



---

## Client acknowledgments

By signing the below, you agree you have completed this form as honestly and completely as possible, and will advise if anything changes at any time; you understand energy healing is a natural, non-invasive modality to help bolster your own ability to heal and should not replace urgent or essential medical treatment by a medical practitioner.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Healer acknowledgements

By signing the below, you agree to perform your healing session with pure, loving intention in order to serve your client's greatest and highest good, and have also advised your client of what to expect before, during and after the session has been completed.

Healer's signature: \_\_\_\_\_ Date: \_\_\_\_\_