

REIKI SESSION FEED BACK



Reiki Practitioner: _____

Contact Via: _____

Your Name: _____

Phone Number: _____

e-mail / alternative contact: _____

Date of First Contact: _____

Date of Treatment: _____

Type of Treatment: _____

1. Did you enjoy your Reiki experience? _____

2. What did you hope to take away from your Reiki Session?

Did you achieve your goal(s)?

YES ☐

NO ☐

Comments:

6. How did you feel before the Session? During the Session? After the Session?

Before:

During:

After:

7. Do you feel you received the support you needed during and after your session with _____?

YES ☐

NO ☐

Comments:

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8. How would you rate overall experience (0 being awful, 10 being fantastic)?

0 1 2 3 4 5 6 7 8 9 10

Comments:

9. How would you rate _____'s professionalism and presentation?
(0 being awful, 10 being fantastic)?

0 1 2 3 4 5 6 7 8 9 10

Comments:

10. How would you rate _____'s treatment space? (0 being awful, 10 being fantastic)?

0 1 2 3 4 5 6 7 8 9 10

Comments:

11. Would you refer people to _____ for Reiki treatments?

YES ☐

NO ☐

Comments:

12. Do you feel the process was well explained and did you feel comfortable with the process?

YES ☐

NO ☐

Comments:

靈氣

Contact Via:

NO ☐[illegible]

Signature: _____

Thanks so much for your feedback!