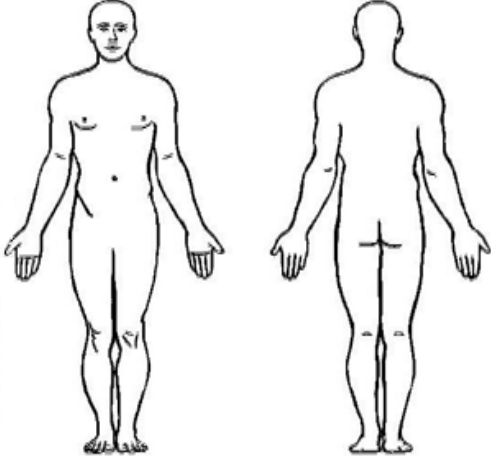


Reiki Consultation Sheet

Please circle the part where you feel pain or tension or where you would like us to focus on for this session.

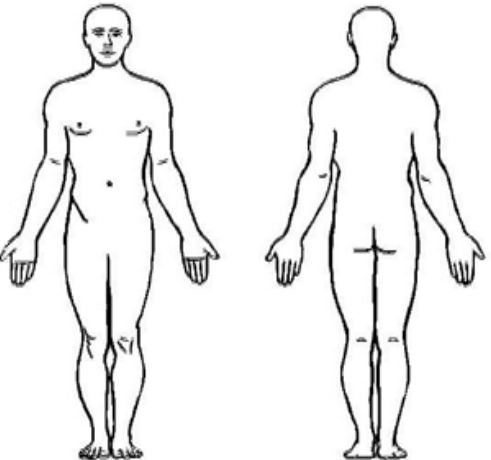
	<p>Comment (if any)</p>
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Name: _____

Date: _____

Reiki Consultation Sheet

Please circle the part where you feel pain or tension or where you would like us to focus on for this session.

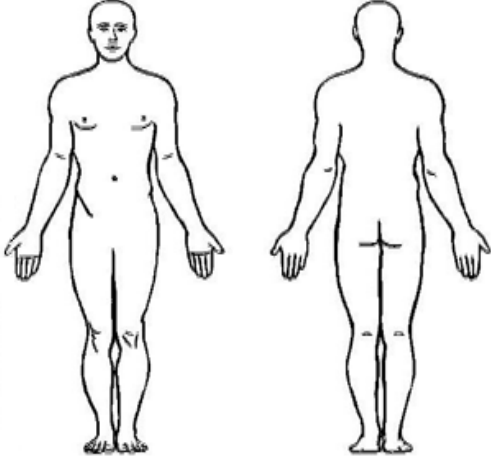
	<p>Comment (if any)</p>
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Name: _____

Date: _____

Fiche de consultation de Reiki

Entourez les parties du corps où vous ressentez une douleur, une tension ou celles que vous voudriez que l'on traite durant cette session.

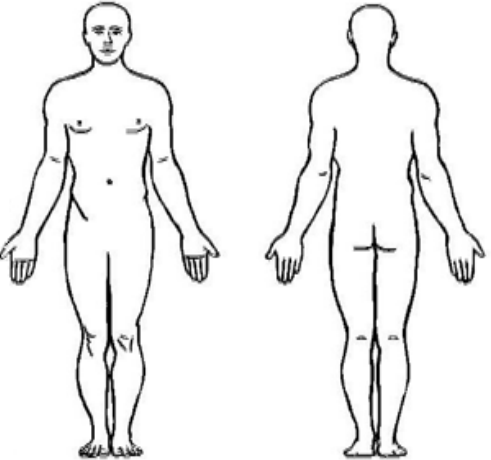
	<p>Commentaire éventue</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
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Nom: _____

Date: _____

Reiki Consultation Sheet

Please circle the part where you feel pain or tension or where you would like us to focus on for this session.

	<p>Comment (if any)</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
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Name: _____

Date: _____