

	Is there a pregnant person in the house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there elderly people in the house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AROMATIC PREFERENCES

24. What particular aromas or scents do you especially enjoy? I sometimes use essential oils.

25. What particular aromas or scents do you dislike or find disturbing?

OTHER INFORMATION

26. Have you had any experience with other Reiki practitioners?

27. Do you have any questions or concerns about using Reiki?

28. Do you have any experience with alternative/complementary healing modalities (massage, acupuncture, etc.)?

29. Any other information (additional symptoms or concerns) you think we should know in order to work with you safely and effectively?