

CLIENT INTAKE FORM session date: \_\_\_\_\_

(All personal information will remain confidential)

Name:

Phone:

Email:

City you current live in:

Referred by:

Birth Data: Month Day Year

Hour and Minute of Birth:

How accurate is your birth hour and minute? Birth certificate Parent's memory Other

Place of birth: City Province Country

Have you ever had an astrological session before?

What is your knowledge of astrology?

Have you ever sought counseling or therapy before?

Please circle: single married divorced

Do you have any children? If yes, how many and ages?

What are your main concerns and reasons for wanting a consultation?