Client Intake Form

	Client Information				
Name					
Full Name at birth	າ:				
Married Name: _					
Nickname or pref	erred name:				
Birth Informa	ition				
Month:	Day:	Year:	*Time:	Time Zone:	
Location (Nearest	t City / State / Cou	ntry)			
your mother or a limited in the typ	unt told you, hosp es of readings I ca	ital records? If n provide	unknown, list "ur	s time: birth certificate, wh nknown," in which case I a 	
		Intenti			
What do you	hope to get o	out of your s	session(s)? M	ain areas of interest	?
					_
					_
					_

Cell: (951) 316-9380

Types of Consultations

What types of consultations are you interested in? Check all that apply.

•	Natal o	Natal chart reading (when time of birth is known):					
•	Solar chart reading (when the time of birth is unknown):						
•	Transi	Transits to the natal or solar chart:					
•	Progressed chart reading (the chart you're living now):						
•	Relationship chart readings (Composite, synastry and Davidson):						
•	Return	n readings:					
	0	Solar Return (birthday-to-birthday, chart for the year):					
	0	Lunar Return (month-to-month, chart for the month):					
	0	Venus Return (<1 year, love and money):					
	0	Mars Return (2 years, focus for drive and direction):					
	0	Jupiter Return (12 years, luck and recognition):					
	0	Saturn Return (28 years, time of growth and development):					
	0	Nodal Return (18.5 years, a new cycle of the soul's development):					
•	Prenatal eclipse reading (soul group):						
•	Current eclipse seasons' effect on your natal chart:						
•	Locational Astrology (beneficial planetary lines based on your chart): List three locatio						
	you're	interested in:					
	1.						
	3.						
•	The Human Design System (A synthesis of astrology, I-Ching, kabbalah, chakras, a						
	quantum physics. It's your body's unique blueprint):						
	0	If you are familiar with Human Design, what's your type:					
		Generator:					
		Manifesting Generator:					
		Projector:					
		Manifestor:					
		Reflector:					
•	Numai	rology:					