

Astrological Consultation - Questionnaire -

Name

Birth Data (day / time / place)

Address

Telephone

Email

Your issue and the subjects to talk about during the consultation:

The wish to book a reading right now has been caused by:

A „good“ outcome of the reading would be:

Any previous experience with astrology: first reading yes / no	
Mental self-assessment: sometimes depressive mood / cheerful / optimistic / nervous / uneasy / worried	
Family: parents, brothers and sisters - alive or deceased - if the latter please name the year of death	
Relationship: living together / married / divorced marriage date - divorce date	
Children: how many - age - from the same relationship?	
Health: serious illnesses, periods of severe disabilities, surgeries - circumstances and dates	
Employment and occupation	