

Barbara LaFever
540-333-2540
Pathways to Wholeness

Astrology Reading Intake Form

All information shared in this form and during the reading is strictly confidential.

After I receive this form and your payment I will email you to schedule your astrological counseling session.

Name:

Date of Birth:

Time of Birth:

Place of Birth:

Email:

Phone:

Home Address:

Please feel free to answer the following questions with as much or as little information as you feel comfortable giving:

What would you most like to get out of the reading?

Are there any specific issues or themes in your life that you would like to focus on?

