 THE ASTROLOGICAL PORTRAIT Date

 Name

 Address City ST: Zip

 Phone Home: Mobile txt Y / N

 Email address: Website:

1. BIRTHDATE: TIME: AM/PM CITY: STATE/Province:

Source of Birth Info: COUNTRY

2. CURRENT HEALTH:

3. HEALTH HISTORY:

4. CULTURE/RELIGIOUS BKGND: CURRENT:

5. MOM BIRTHDATE 6. DAD B’DATE

 Deceased Deceased

7. STEP MOM B’DATE 8. STEP DAD B’DATE

 Deceased Deceased

8. SPOUSE NAME BIRTHDATE DIVORCED / DECEASED

 Nature of relationship ANNIVERSARY

9. PRIOR SPOUCE NAME BIRTHDATE DIVORCED / DECEASED

 Nature of relationship ANNIVERSARY

10. CHILDREN NAME & BIRTHDATES, Placement in family (indicate steps, halves, etc)

1 4 7 10

2 5 8 11

3 6 9 12

11. SIGNIFICANT OTHER BIRTHDATE HOW LONG?

 Nature of relationship

12. BROTHERS & SISTERS B’DATES, Placement in family (indicate steps, halves, etc)

1 4 7 10

2 5 8 11

3 6 9 12

13. EDUCATIONAL BACKGROUND:

14. PRESENT VOCATION: HOW LONG:

15. PRIOR VOCATION: HOW LONG:

16. CLASS / WORKSHOP / CONSULTATION:

DISCLAIMER: Confidentiality OR May use for published study

SIGNATURE: DATE: