

# Human Design or Astrology Intake Form



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## GENERAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Preferred Pronoun (he/she/they, etc.): \_\_\_\_\_

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## BIRTH INFORMATION

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Time of Birth (Indicate AM/PM): \_\_\_\_\_

How certain are you of your Birth Time?: \_\_\_\_\_

Place of Birth (City, State, Country): \_\_\_\_\_

Have you ever received a Human Design or Astrology consultation before?  Yes  No

Please Explain:

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