



Jyotisha Vedic Astrology Birth Chart Readings *Application Form*

Name: _____ Age: _____

Street Address: _____ City: _____

Postal Code: _____ Phone(s): _____

Email: _____ Website: _____

Birth Date (D/M/Y): ____/____/____ Birth Time: _____

Birth Place: _____ Marital Status: _____

If required, may we have your permission to consult your Vedic Astrology (Jyotish) birth chart based on the above birth data you have supplied? This may be helpful in understanding any personal issues you may be encountering. Please Initial:

YES _____

NO _____

Education (High School, College, University): _____

Year(s): _____ Areas of Study: _____

Degree(s) Obtained: _____

Educational Interests: _____

Occupation: _____ Full/Part Time or Retired: _____

Skills/Hobbies/Interests: _____

Please outline your reason(s) for applying for a Vedic Astrology Birth Chart Reading:

Please briefly describe your present state of health?



AT THE CORE

Yoga, Meditation and Ayurveda

What is your present state of mind? Good _____ Worried _____ Tense _____

Please describe:

Do you sleep well? YES _____ NO _____

Have you ever had any prolonged physical condition, i.e. heart or respiratory trouble?

YES _____ NO _____

If YES, please describe:

Have you ever been (or are you now) under the care of a psychiatrist or on any other psychotherapeutic program? YES _____ NO _____

IF YES, when?: _____ What type of program?: _____

Please share your personal and community goals in regards to Yoga and Ayurveda?

Please be advised that this and all programs offered by AT THE CORE are educational and are not intended as therapy or treatment. AT THE CORE, their directors, and their instructors assume no responsibility for any adverse reaction - physical, psychological, emotional or behavioural - resulting from participation in any of its courses, classes, and programs.

Name: _____ Date: _____

Explore your nature at the core...

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