

Client Intake Form

Full Name at birth & present if different				
Date Of Birth	Day:	Month:	Year:	Time of Birth:
City, Region, State, Country				
Current City (if different)				
Current medical issues & medication (if any)				
Session Information				
What is your intention for your session? Include as much or as little as you like				
How familiar are you with Zodiacal Astrology?				
Where did you hear about me?				

Please include a photo of yourself with eyes visible & no one else in the photo sent via email to QuantumSunrise@protonmail.com Please note that you are responsible for providing accurate birth details. No refunds are available for inaccurate data provided.

I have read and understood the Terms & Disclaimer below

DISCLAIMER

All information submitted remains fully confidential and is used only for the purposes of providing requested services. The privacy of your personal data is respected and protected at all times. Note: (1)While your report and recording(s) remain yours to personally enjoy, explore, and reference without restriction; these remain the intellectual property of Quantum Sunrise & cannot be published or shared publicly in part or in whole, without express permission.(2)Some portion(s) of your session (Galactic Astrology only) may be shared – your image and identity will ALWAYS remain private unless you consent otherwise. Completion & submission of this intake form imply you have read and agree to these conditions.

Tara Sumati / Quantum Sunrise offers services of a metaphysical advisory nature. Tara is not a medical or psychological professional and does not diagnose, prescribe, treat, or cure any ailment, whether mental, emotional, physical, or spiritual. All information provided by Tara is for advisory purposes only and is not a substitute for professional medical care or consultation. As a client, you understand that you are fully responsible for your personal transformation and all decisions made after a session with Tara. By receiving services, you agree that Tara is not legally or financially liable for any life changes you make based on the information received.

- 1. Save the blank PDF to your device
- 2. Open the SAVED pdf
- 3. Complete the form & save changes