



Amana Vedic Astrology Application

All information provided is kept strictly confidential

Name _____ Phone _____

Address _____

Female/Male _____ Age _____ E mail _____

Date Of Birth Month _____ Day _____ Year _____

Place Of Birth: City _____

Prov/State _____ Country _____

Time Of Birth(please approximate if necessary) _____ AM/PM

Have you ever had an astrology reading? Yes _____ No _____

If yes, when _____

How is your Health Mental _____

Physical _____

Please list any medication you are taking _____

My decision to have an Amana Vedic Astrology Reading is a personal decision. I have not been made any promises or warranties that I will receive benefits or specific results. I understand the AVAR is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological complaints. I further understand that any instruction given to me during the AVAR is for me personally and may not be appropriate for others. In consideration for teaching the AVAR, I hereby agree to hold Amana Yoga (Institute), , their officers, agents, and employees harmless in any claims brought by me, or on my behalf, which contradict the above.

My Signature below constitutes my acceptance of the conditions expressed in the agreement.

Signature _____ Date _____

For Office Use only

Instructors Name _____

Date of Instruction _____

Mantra _____

Amana Vedic Astrology Questionnaire

- **Have you given us your birth information? The more accurate the birth information the more effective the reading.**
 - **Yes**
 - **No**

- **What type of reading would you like?**
 - **Direct Reading – In Person**
 - **Distance Reading – By Video**
 - **Distance Reading – By Phone**

- **Please list important dates in your life.**
 - **Marriage**
 - **Birth of Children**
 - **Medical - Disease onset, symptoms, treatments**
 - **Injuries**
 - **Career Start Date**
 - **Business Start Date**

- **What gemstones are you currently wearing or possess?**

- **What Spiritual Teachings are you following? Do you have a spiritual teacher?**

- **Family & Relationships**
 - **Birth information of Partner**
 - **Birth Information Of Children**
 - **Birth Information of Parents**

- **What will be the main focus of your reading?**
 - **General Reading - Overall**
 - **Career - list 3-4 possibilities**
 - **Relationships**
 - **Medical**