

Angel Card Reading Session Intake Form

Full Name

Email Address

Date of Birth

Phone Number

Location (City, Country)

Session Type

Have you had an Angel Card Reading before?

☐ ☐

Yes No

What is your intention or focus for this session?

Do you have specific questions or areas of your life you'd like guidance on?

What are your expectations from this session?

Is there anything else you'd like to share?

