



# Triple Moon Healing Center

The Healing Practice of  
Rev. Nancy McMillan- Davison

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www.triplemoonhealingctr.com

## REGISTRATION FORM FOR PSYCHIC TAROT READING

All personal information is confidential and treated appropriately

Please complete the top of this form.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

What brought you here today? What special concerns would you like answered during today's session?

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*To be completed by psychic counselor*

Type of Reading	Date	Length	Fee
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Session Notes

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*Psychic Counselor Signature*

Date \_\_\_\_\_

Client ID \_\_\_\_\_

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