Yap Cheng Hai Academy
葉清海學院

Zi Wei Dou Shu

Details for Consultation

CLIENT # _____

Name:

Tel (Work):

Tel (Home):

Tel (Mobile):

Email:

Town of Birth:

Country of Birth:

Town of Current Residence:

Country of Current Residence:

Gender	Marital Status	In Business or Employed	Report Language
M ☐ F ☐	M ☐ S ☐	B ☐ E ☐	Eng ☐ Chi ☐

Date of Birth (English Gregorian Calendar)

Year			Month			Day		
19 ☐	0 ☐	0 ☐	1 ☐	7 ☐		0 ☐	0 ☐
20 ☐	1 ☐	1 ☐	2 ☐	8 ☐		1 ☐	1 ☐
	2 ☐	2 ☐	3 ☐	9 ☐		2 ☐	2 ☐
	3 ☐	3 ☐	4 ☐	10 ☐		3 ☐	3 ☐
	4 ☐	4 ☐	5 ☐	11 ☐			4 ☐
	5 ☐	5 ☐	6 ☐	12 ☐			5 ☐
	6 ☐	6 ☐					6 ☐
	7 ☐	7 ☐					7 ☐
	8 ☐	8 ☐					8 ☐
	9 ☐	9 ☐					9 ☐

Time of Birth

Hour (24 hour)		Minute	
0 ☐	0 ☐	0 ☐	0 ☐
1 ☐	1 ☐	1 ☐	1 ☐
2 ☐	2 ☐	2 ☐	2 ☐
	3 ☐	3 ☐	3 ☐
	4 ☐	4 ☐	4 ☐
	5 ☐	5 ☐	5 ☐
	6 ☐		6 ☐
	7 ☐		7 ☐
	8 ☐		8 ☐
	9 ☐		9 ☐

3 Specific Questions

1)

2)

3)