Today's Date _____ Location: ☐ In Person ☐ Phone ☐ Zoom

Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: (For my use only) _____

Phone Number: _____ Referred by: ☐ Friend ☐ FB ☐ Instagram ☐ Other _____

"Opening the door to a new beginning"

Joy Mason Communications
Medium Consult Form

*** PLEASE PROVIDE A PICTURE OF THE DECEASED VIA EMAIL WITH "PICTURE OF DECEASED NAME" AS SUBJECT LINE.**
I WILL NOT OPEN THE EMAIL UNTIL OUR SESSION.

TO BE FILLED OUT BY JOY AT BEGINNING OF CONSULT

Deseased's Name: _____

Relation to Client: _____

Number Years Deceased: _____

Cause of Death: _____

Notes: _____