Application for Consultation

Please submit your application to mindbodyspirit@sarahdionnelicsw.org. I will respond within 24 to 48 hours



Name:	Email:	Phone:
Are you expecting or hoping to be	come pregnant? Yes No	
Are you a mother? First time mot	her?	
Explain the struggles you are having	ng now?	
What are you hoping to gain out o	of Yoga Psychotherapy and Life Coac	hing?
How do you think I can help?		
What would life be like if nothing	changed, if the struggles you're facir	ng stayed the same?
What would life be like if your strufrom now?	uggle vanished? What would be diffe	erent about life now, five years
What is your experience with Yoga	a?	
Are you a spiritual person?		
Do you feel like this is the time to	make a change within yourself? Wh	ny?
What is the biggest issue holding y	you back from making a change?	
Why are you searching for help no	ow? What made you decide that too	day's the day to reach out?