Name and Email Address \*

What is your motivation to make a change in your life? \*

What have you done in the past to work on goal?

(include both alternative and traditional modalities and please be as specific as you can.) \*

What has worked for you in the past?” \*

What hasn`t? And why? \*

In your relationship to food and health, where do you get confused? \*

What is your current diet like? Please be specific; list breakfast, lunch, dinner, and snacks, as well as the times you eat. \*

Do you have any specific cravings? When do you crave that? How does it make you feel?

What is your current diet like? Please be specific; list breakfast, lunch, dinner, beverages, and snacks, as well as the times you eat. \*

What is your stress level on a scale of 1-10? \*

How does stress affect your relationship to food? How does it manifest in your body? \*

Is there anything that you’d like to be doing for yourself that you’re not?

What gets in the way of doing these things? \*

What would you like your health to be 30 days from mow? How about 90 days from now? How would you feel if you got this result? \*

What obstacles, challenges, and struggles do you come up with regarding diet/lifestyle? \*

If you had a magic wound, what will be the outcome you would wish for, if we start working together? \*

**Please submit your answers to** contact@dancefitideas.com,

**and I will e-mail you back within a 24-48h window.**

*\*No space for self-judgment here; you are safe to be vulnerable and honest. Together, we can make your goals happen and stick around for good.:)*

**~With Care,**

**Ana-Maria**

**P.S**

**[[[[ Scroll down ]]]**

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