

To get started with your personalized guided meditation, please fill out this form. After I receive it, I'll contact you to set up a Zoom or phone call. If you feel stumped or unsure about how to answer any of these questions, no worries! We'll clarify things in the coaching call. For now, just do your best, and please know that all of your answers are confidential. Thanks!

Name _____

Age _____ Gender Identity _____

What personal issues, health concerns, or other subjects would you like this meditation to address?
What outcome/goal/end result would you like to receive from the guided meditation I create for you?

How would you like to feel after this meditation?

Do you already have a meditation or breathwork practice?/Do you want help with an at-home practice?

Any specific words, phrases, or messages you'd like included? Or *not* included?

Is there any imagery or sensory experiences that resonate with you that you would like to be included? If so please list or describe below: (Ocean waves, the night's sky, candle-lit rooms, the smell of fresh pine, homemade cookies, floral notes etc.)

How long would you like your meditation to be:

___10 minutes ___15 minutes ___20 minutes

Do you want music in your meditation? ___Yes ___No ___Not sure-pick for me

Do you need this meditation by a certain date (e.g. a surgery or big event)

Is there anything else you'd like me to know prior to our call?
