**CONSULT SURVEY**

**Name: Date:**

Please answer these questions as best as you can and email the completed survey to damla@adropofom.com.

1. Which type of consult are you interested in? Please circle or highlight your choice.
	1. Mantra Consult
	2. Crystal Consult
	3. Essential Oil Consult
	4. Yoga Business Consult
2. What is the main challenge/goal/issue that you are seeking advice on? Please elaborate as much as possible.
3. Other than this challenge/goal/issue, is there any other area that you are concerned with?
4. For yoga business consults only: are you an independent yoga teacher or a yoga studio owner?