INFORMATION SHEET

INFORMATION ABOUT ME:

My name is Shauna Haycock. I am an Inner Bonding® Facilitator in Training. I am provisionally certified as a Family Life Educator by The National Council on Family Relations. I am not a licensed mental health care provider.

I offer phone and Skype Inner Bonding® facilitation and life coaching.

I can be reached by phone at 925-596-0035, Zoom, email: shauna@lovingyourself.me and Skype at shauna-haycock.

INFORMATION ABOUT YOU:

PLEASE COMPLETE AND EMAIL TO ME IF YOU ARE INTERESTED IN INNER BONDING® FACILITATION AND COACHING.

Name: _____ Email: _____

Preferred Phone Number: _____ (cell___ work ___ home___). Please include country code if not in the US)

Skype ID: _____

Zoom ID: _____

Home address: _____

Work address: _____

Date of Birth: Month_____ Day _____ Year _____

Emergency Contact Information:

Name: _____ Relationship to Client: _____

Cell Phone: _____ Other Phone number: _____

Please share any other information that you would like me to know about you now, such as your experience with Inner Bonding or therapy, names and ages of your children or partner, if applicable, etc. (feel free to be as brief or lengthy as you wish):

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