

Unhook from Your Past

BUILD YOUR SESSION:

Choose all that apply and identify the top 3 you'd like to address in your session.

<ul style="list-style-type: none"> <input type="checkbox"/> Acid Reflux <input type="checkbox"/> Addiction <input type="checkbox"/> Allergies <input type="checkbox"/> Anger <input type="checkbox"/> Anxiety <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Back Pain <input type="checkbox"/> Blocked Nasal Passages <input type="checkbox"/> Blocks: Clients <input type="checkbox"/> Blocked: Creativity <input type="checkbox"/> Blocked: Health <input type="checkbox"/> Blocked: Love <input type="checkbox"/> Blocked: Money <input type="checkbox"/> Blocked: Writer's <input type="checkbox"/> Bowel Issues <input type="checkbox"/> Broken Heart <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Claustrophobia <input type="checkbox"/> Constipation <input type="checkbox"/> Crying Easily <input type="checkbox"/> Depression <input type="checkbox"/> Eczema <input type="checkbox"/> Excessive Sweating <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Food Addiction <input type="checkbox"/> Grief <input type="checkbox"/> Headaches <input type="checkbox"/> Heart-Wall <input type="checkbox"/> Hormonal Issues <input type="checkbox"/> Indecisiveness <input type="checkbox"/> Infertility <input type="checkbox"/> Insomnia <input type="checkbox"/> Knee Pain <input type="checkbox"/> Limiting Beliefs: Money 	<ul style="list-style-type: none"> <input type="checkbox"/> Limiting Beliefs: Success <input type="checkbox"/> Limiting Beliefs: Weight Loss <input type="checkbox"/> Liquor/Wine/Beer/etc. <input type="checkbox"/> Low Self-Esteem <input type="checkbox"/> Menopause <input type="checkbox"/> Morning Sickness <input type="checkbox"/> Neck Pain <input type="checkbox"/> Negative Self-Talk <input type="checkbox"/> Night Sweats <input type="checkbox"/> Numbness <input type="checkbox"/> Pain <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Phobias <input type="checkbox"/> Procrastination <input type="checkbox"/> PTSD <input type="checkbox"/> Resentment <input type="checkbox"/> Resistance: Eating Veggies <input type="checkbox"/> Resistance: Exercise <input type="checkbox"/> Resistance: Hydration <input type="checkbox"/> Restless Legs <input type="checkbox"/> Sadness <input type="checkbox"/> Sexual/Intimacy Issues <input type="checkbox"/> Sharp Electrical Pain <input type="checkbox"/> Shoulder Pain <input type="checkbox"/> Shyness <input type="checkbox"/> Sinus Problems <input type="checkbox"/> Social Anxiety <input type="checkbox"/> Sorrow <input type="checkbox"/> Specific Food: Eliminate <input type="checkbox"/> Stress and Worry <input type="checkbox"/> <i>your issue</i> <input type="checkbox"/> <i>your issue</i> <input type="checkbox"/> <i>your issue</i> <input type="checkbox"/> <i>your issue</i> <input type="checkbox"/> <i>your issue</i> 	<p>Relationship Blocks:</p> <ol style="list-style-type: none"> 1. Feeling unworthy of receiving love 2. Negative family relationships 3. Hung up on or hurt by previous relationships 4. Feel disconnected from others 5. Loneliness, intimacy issues <p>Business Blocks:</p> <ol style="list-style-type: none"> 1. Not getting any new customers or clients 2. Not getting repeat customers of clients 3. Not getting referrals 4. Not getting paid your worth 5. Fear of returning calls or following up on leads 6. Writers block, lack of clarity, procrastination 7. Money blocks
---	---	--

Cristi Alonso
Energy Practitioner &
Transformational Coach



Schedule your appointment now
www.projectmindfull.com/emotion