



## SCHEDULE A 20-MINUTE FREE ONLINE INTRODUCTION CALL WITH ISABEL GALIANO

Kindly complete this form to help me better prepare for our call.

**Full Name**

**Email**

**What areas do you need support (tick as many as you'd like)**

**Have you been diagnosed with cancer?**

YES

NO

Preparing for Treatments or Surgery

Managing Treatment Side Effects

Nutritional Support

Exercise and Movement

**If YES, please specify the type of cancer**

Improving Sleep

Emotional Well-being  
Strategies to manage stress and  
emotional challenges

Healthy Lifestyle Habits

**Are you in treatment at the moment?**

Other

YES

NO

**Anything else you'd like to share?**

**If YES, please describe your current treatment**

This information will remain strictly confidential.

Once I receive your completed form, I will get back to you via email to schedule a time for our 20-minute FREE Online Introduction Call.

I look forward to talking with you!

Best regards  
Isabel Galiano

please save this form before you send it.