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**THE PILLAR CODE - PREP FIX IT LIST**

**Practitioner: Client Name:**

**Program:**

|  |  |  |  |  |  |  |
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| **Rating** | Worse | No Improvement | Slight Improvement | Moderate Improvement | Significant Improvement | Cleared |
| **Percentage** | Minus% | 0% | 25% | 50% | 75% | 100% |

| **Fix It List Notes**  **PREP**  **DATE:** | **PREP** | **Fix It List Notes**  **PREP**  **DATE:** | **PREP** | **Fix It List Notes**  **PREP**  **DATE:** |
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| **Energy** (**10:** High Energy/Feel Great - **1**: Low Energy/Feel Terrible): **L / 10** |  | **Energy** (**10:** High Energy/Feel Great - **1**: Low Energy/Feel Terrible):  **L / 10** |  | **Energy** (**10:** High Energy/Feel Great - **1**: Low Energy/Feel Terrible):  **L / 10** |
| **Stress** (**10**: High Stress/Can't Cope - **1**: Low Stress/Can cope with anything):   **L / 10** |  | **Stress** (**10**: High Stress/Can't Cope - **1**: Low Stress/Can cope with anything):   **L / 10** |  | **Stress** (**10**: High Stress/Can't Cope - **1**: Low Stress/Can cope with anything):  **L / 10** |
| **Happiness** (**10**: Feeling Highly Positive/Grateful - **1**: Feeling really negative):  **L / 10** |  | **Happiness** (**10**: Feeling Highly Positive/Grateful - **1**: Feeling really negative):  **L / 10** |  | **Happiness** (**10**: Feeling Highly Positive/Grateful - **1**: Feeling really negative):  **L / 10** |
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| **Practitioners:** |  | **Practitioners:** |  | **Practitioners:** |
| **Meds:** |  | **Meds:** |  | **Meds:** |
| **Sups:** |  | **Sups:** |  | **Sups:** |
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| **TOP 5 PRIORITIES:** |  | **TOP 5 PRIORITIES:** |  | **TOP 5 PRIORITIES:** |
| **1.** |  | **1.** |  | **1.** |
| **2.** |  | **2.** |  | **2.** |
| **3.** |  | **3.** |  | **3.** |
| **4.** |  | **4.** |  | **4.** |
| **5.** |  | **5.** |  | **5.** |
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| **Feeling With Symptoms:** |  | **Feeling With Symptoms:** |  | **Feeling With Symptoms:** |
| **Feeling Without Symptoms:** |  | **Feeling Without Symptoms:** |  | **Feeling Without Symptoms:** |
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| **MAIN AIM:** |  | **MAIN AIM:** |  | **MAIN AIM:** |
| *Have you Checked: Bowel, Bladder, Sleep, Diet, Hormones, Addictions, Self & Health, Relationships, Work, Lifestyle, Movement, Mental/Physical/Life Health* | | | | |
| *Have you Captured: Diagnosed Dis-eases, Dis-orders, and Dysfunctions* | | | | |