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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.**   |
|  |  |  |  |  |
| **Feeling With Symptoms:**   |  | **Feeling With Symptoms:**   |  | **Feeling With Symptoms:**   |
| **Feeling Without Symptoms:**   |  | **Feeling Without Symptoms:**   |  | **Feeling Without Symptoms:**   |
|  |  |  |  |  |
| **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* |