

THE PILLAR CODE - PREP FIX IT LIST

Practitioner: Client Name:

Program:

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

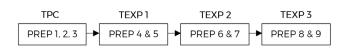
PREP P	PREP	PREP	Fix It List Notes PREP DATE:
		Rating	
	PREP P	Rating	PREP DATE:PREP DATE:Rating

 TPC
 TEXP 1
 TEXP 2
 TEXP 3

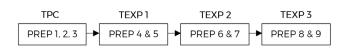
 PREP 1, 2, 3
 ▶ PREP 4 & 5
 ▶ PREP 6 & 7
 ▶ PREP 8 & 9

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Fix It List Notes PREP	PREP	Fix It List Notes	PREP	Fix It List Notes
DATE:	PREP	PREP DATE:	PREP	PREP DATE:
DATE.	Rating	DATE.	Rating	DATE.
	Rating		Rating	



Fix It List Notes PREP	PREP	Fix It List Notes	PREP	Fix It List Notes
DATE:	PREP	PREP DATE:	PREP	PREP DATE:
DATE.	Rating	DATE.	Rating	DATE.
	Rating		Rating	



Fix It List Notes PREP DATE:	PREP	Fix It List Notes PREP DATE:	PREP	Fix It List Notes PREP DATE:	
Energy (10: High Energy/Feel Great - 1 :		Energy (10: High Energy/Feel Great - 1 :		Energy (10: High Energy/Feel Great - 1 : Low	
Low Energy/Feel Terrible): <u>L /10</u>		Low Energy/Feel Terrible): L /10		Energy/Feel Terrible): <u>L /10</u>	
Stress (10: High Stress/Can't Cope - 1: Low		Stress (10: High Stress/Can't Cope - 1: Low		Stress (10: High Stress/Can't Cope - 1: Low	
Stress/Can cope with anything):		Stress/Can cope with anything):		Stress/Can cope with anything): <u>L /10</u>	
<u>L /10</u>		<u>L /10</u>			
Happiness (10: Feeling Highly		Happiness (10: Feeling Highly		Happiness (10: Feeling Highly	
Positive/Grateful - 1: Feeling really		Positive/Grateful - 1: Feeling really		Positive/Grateful - 1: Feeling really	
negative): <u>L / 10</u>		negative): <u>L / 10</u>		negative): <u>L /10</u>	
Practitioners:		Practitioners:		Practitioners:	
Meds:		Meds:		Meds:	
Sups:		Sups:		Sups:	
Have you been medically diagnosed with PTSD:		Have you been medically diagnosed with PTSD:		Have you been medically diagnosed with PTSD:	
Have you been self-diagnosed with PTSD:		Have you been self-diagnosed with PTSD:		Have you been self-diagnosed with PTSD:	
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

