

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: Low Energy/Feel Terrible): <u> </u> / <u> </u> / 10		Energy (10: High Energy/Feel Great - 1: Low Energy/Feel Terrible): <u> </u> / <u> </u> / 10		Energy (10: High Energy/Feel Great - 1: Low Energy/Feel Terrible): <u> </u> / <u> </u> / 10
Stress (10: High Stress/Can't Cope - 1: Low Stress/Can cope with anything): <u> </u> / <u> </u> / 10		Stress (10: High Stress/Can't Cope - 1: Low Stress/Can cope with anything): <u> </u> / <u> </u> / 10		Stress (10: High Stress/Can't Cope - 1: Low Stress/Can cope with anything): <u> </u> / <u> </u> / 10
Happiness (10: Feeling Highly Positive/Grateful - 1: Feeling really negative): <u> </u> / <u> </u> / 10		Happiness (10: Feeling Highly Positive/Grateful - 1: Feeling really negative): <u> </u> / <u> </u> / 10		Happiness (10: Feeling Highly Positive/Grateful - 1: Feeling really negative): <u> </u> / <u> </u> / 10
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:
<i>Have you Checked: Bowel, Bladder, Sleep, Diet, Hormones, Addictions, Self & Health, Relationships, Work, Lifestyle, Movement, Mental/Physical/Life Health</i>				
<i>Have you Captured: Diagnosed Dis-eases, Dis-orders, and Dysfunctions</i>				

