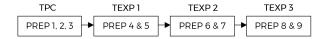


THE PILLAR CODE - PREP FIX IT LIST

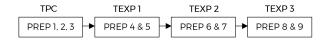
Client Name:

Practitioner: Program:

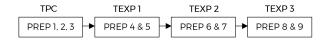
Frogram.						
Rating	Worse	No Improvemen	t Slight Improvement	Moderate Improvemen	Significant Improvement	Cleared
Percentage	Minus%	0%	25%	50%	75%	100%
Fix It List Notes PREP DATE:		PREP	Fix It List Notes PREP DATE:	PRE	Fix It List Notes P PREP DATE:	
		Rating		Ratii		
		Rating Rating		Ratii Ratii		
		Rating		Ratir	ng	
		Rating Rating		Ratii Ratii		
		Rating		Ratii		
		Rating		Ratii		
		Rating Rating		Ratii Ratii		
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		Rating		Ratii		
		Rating Rating		Ratii Ratii		
		Rating		Rati		
		Rating		Rati		
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		Rating		Ratir	ng	
		Rating		Rati		
		Rating Rating		Ratii Ratii		
		Rating		Ratir	ng	
		Rating		Rati		
		Rating		Ratir	ng	



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



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



Fix It List Notes		Fix It List Notes		Fix It List Notes
PREP	PREP	PREP	PREP	PREP
DATE:		DATE:		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): /10		Low Energy/Feel Terrible): <u>L /10</u>		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:
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, D	Diet, Horn	nones, Addictions, Self & Health, Relationships, V	Work, Life	style, Movement, Mental/Physical/Life Health
		aptured: Diagnosed Dis-eases, Dis-orders, and		

