







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

