

SOME QUESTIONS TO GET YOU STARTED:

How is your energy level? Do you find yourself always tired?

Yes No

Do you have unexplained aches and pains? Yes No

Do you suffer from frequent heartburn, indigestion or reflux?

Yes No

Are you experiencing unaddressed anxiety or feelings of depression?

Yes No

Do you have high cholesterol, diabetes, or blood pressure?

Do you even know? Yes No?

Are you interested in losing weight or improving your diet? Yes No

Have you had the health screenings recommended for your age/risk factors?

Do you know? Yes No

Do you need to quit smoking, reduce your alcohol intake or

kick another bad habit? Yes No

Do you get 7 to 9 hours of sleep on most nights? Yes No

Do you have any other nagging health concerns? (family history worries, unidentified symptoms, etc.) Yes No

MY TOP HEALTH CONCERN FOR 2019 IS:

MY TOP HEALTH GOAL FOR 2019 IS:
