

ARE YOU THRIVING OR MERELY SURVIVING?

When it comes to the state of your health, are you thriving or merely surviving? Our system of healthcare would be more aptly named "sickcare." What is commonly called prevention is actually early detection. Just like a smoke detector doesn't prevent fires, mammograms and colonoscopies do not *prevent* disease, they simply detect it early. True health is a state of thriving, not the absence of symptoms or disease.

If you feel your only health options are taking medications or learning to live with your symptoms, we have the answer for you. All of the issues listed below can be helped naturally and effectively. Best of all, there is no need to wait for problems to arise. Let us show you what real prevention looks like through our **Health rEvolution** program.

Please check the areas in which you have interest, then we will discuss how we may best assist you. **(Check as many as you would like):**

- | | | |
|---|---|--|
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Alzheimer's Prevention | <input type="checkbox"/> ADD/ADHD Treatment |
| <input type="checkbox"/> Stress Relief | <input type="checkbox"/> Digestive Distress | <input type="checkbox"/> PMS/Menopause |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autoimmune Disease | <input type="checkbox"/> Sinus/Allergies |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Poor Sleep/Insomnia | <input type="checkbox"/> Candida/Yeast |
| <input type="checkbox"/> Foot Problems | <input type="checkbox"/> Blood Sugar Control (↑ or ↓) | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Healthy Aging | <input type="checkbox"/> Cancer Prevention | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Thyroid Disorders | <input type="checkbox"/> Heart Burn/Acid Reflux | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Reduce Medications | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Carpal Tunnel |

♥ On a scale of **1** (not at all) to **10** (top priority), where does your health rank? _____

What are your top three health related goals/major health concerns?

Rate on a 1-10 scale how committed are you to reaching your goals/addressing your concerns:

1. _____ 1 2 3 4 5 6 7 8 9 10
2. _____ 1 2 3 4 5 6 7 8 9 10
3. _____ 1 2 3 4 5 6 7 8 9 10

Name: _____

Date: _____

Personalized Care ✨ *Natural Solutions* ✨ *Extraordinary Results*