

Heal Your Hormones

PROGRAM APPLICATION



Filling out this application is a valuable exercise in self-reflection and clarity...

Name: _____ Date: _____

List your TOP 5 health challenges that you would like to focus on and heal this year:

1. _____
2. _____
3. _____
4. _____
5. _____

What medications are you currently taking?

How are your health challenges keeping you from living the life you want?

What are your TOP 3-5 health goals for this year?

1. _____
2. _____
3. _____
4. _____
5. _____

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What is your BIG Why? (Why are you motivated to feel well now and why do you want to feel well going forward?)

On a scale of 1-10 (10 being the highest), how motivated are you to reach your health goals right now? _____

Why do you consider yourself to be a great candidate for the Heal Your Hormones Program and what would you hope to get out of it?

Thank you for your honest answers!

You'll be approved and enrolled unless we notify you otherwise. Blessings.