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| Health Information  Embrace the Change  To Begin: please check the word that best describes your present health and well-being.  Poor Average Good Great  AThis Are you taking any over the counter or prescription medications, supplements or herbals.  If YES, could you please list them and for what concern?  Please take the time to list currant issues, if any and recent surgeries or medical follow through?  Inserting image...  If you would like to ask me questions privately, please email me at,  info@unifyingyourtruepotential.com | | |
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