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WNC NATUROPATHIC MEDICINE MODEL of PRACTICE



CREATE YOUR BEST VISION!

What have you been wishing your life would be like right now? Please take your time and answer the following questions to put in writing the **BEST VISION** for your life. (Write on the back if you run out of room!)

COMMITMENT:

What are you wanting to commit to? Where would you like to be a year from now? How would you like to feel? Write down your BEST VISION for you! Here are some areas to consider: FAMILY:	
BUSINESS:	
HEALTH:	
TRAVEL:	
BUCKET LIST:	
SPIRITUAL:	



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What are you willing to invest to achieve this BEST VISION ? (physical, mental, cognitive, spiritual items, financial?)	
CONNECTIONS:	
Personal: Who are your personal connect	ions that help you on your health journey?
Professionals: Who are the current profes	ssional connections that help on your healing path?
CAUSES:	
What potential obstacles do you foresee to you feel it is possible to eliminate or p	that would prevent your BEST VISION from occurring? revent these potential barriers?
COACHING:	
Strengths: What are your strengths that w	vill enable you to achieve your BEST VISION ?
Weaknesses: What areas do you foresee a	as needing help?
	ons necessary to make sure your BEST VISION becomes 10 (Doubts/fears beyond my control)
Contact Information: Name:	DOB:
Email:	Phone:
Address:	
Best way to reach you? Call Email T	Text Dr. Janet will be in touch with you!