

# Wellness Consult

Reach your wellness goals!

Essential oil reference book/app: \_\_\_\_\_

**1 Write down your health priorities and find solutions.** Find your natural solutions on pages 13 and 17 or in a reference guide.

Top Health Priorities for you or your family	90-Day Goals	Natural Solutions you have or need
1.		
2.		
3.		

**2 Create your Daily Wellness Plan.**

Take the solutions you identified above and organize them into your daily plan.

MORNING	AFTERNOON	EVENING
<b>Daily Wellness Habits</b> <input type="checkbox"/> dōTERRA Lifelong Vitality Pack® <span style="color: orange;">M</span> <input type="checkbox"/> Frankincense <span style="color: orange;">M</span> <input type="checkbox"/> DigestZen TerraZyme® <span style="color: orange;">M</span> <input type="checkbox"/> dōTERRA On Guard® <input type="checkbox"/> Lemon	<input type="checkbox"/> DigestZen TerraZyme® <span style="color: orange;">M</span> <input type="checkbox"/> dōTERRA Balance® <span style="color: purple;">T</span> <input type="checkbox"/> dōTERRA Lifelong Vitality Pack® <span style="color: orange;">M</span> <div style="text-align: center; font-size: small;"> <span style="color: purple;">T</span> = Topical   <span style="color: orange;">M</span> = with Meal         </div>	<input type="checkbox"/> DigestZen TerraZyme® <span style="color: orange;">M</span> <input type="checkbox"/> PB Assist+® <span style="color: orange;">M</span> <input type="checkbox"/> Lavender <span style="color: purple;">T</span>

**3 What other wellness choices could support your goals?**

(e.g. increase water, sleep, exercise, dietary changes)

How can you re-purpose dollars and replace everyday household items with more natural, high-quality dōTERRA products? (e.g., skin, hair, laundry, cleaning)

**4 Live empowered with natural solutions.**

Create a 90-day wellness plan by adding the product you need to your LRP orders (recommended to run between the 5<sup>th</sup>–15<sup>th</sup>).

MONTH 1 LRP      Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	MONTH 2 LRP      Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	MONTH 3 LRP      Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL PV _____	TOTAL PV _____	TOTAL PV _____