

Essential oil reference book/app: _____

1 Write down your health priorities and find solutions.

My Top Health Priorities	Products I Have	Additional Products to Support
1.		
2.		
3.		

2 Create your healthy lifestyle plan.

Take the solutions you identified above, and organize them into your daily plan for consistent use and benefits.

	MORNING	AFTERNOON	EVENING
1.			
2.			
3.			
HEALTHY LIFESTYLE PLAN	<p>Daily Health Foundations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Balance® ^{dsTERRA} T <input type="checkbox"/> LLV or Daily Nutrient Pack® ^{dsTERRA} M <input type="checkbox"/> TerraZyme® ^{DigestZen} M <input type="checkbox"/> On Guard® <input type="checkbox"/> Lemon or other citrus oil 	<ul style="list-style-type: none"> <input type="checkbox"/> TerraZyme® ^{DigestZen} M 	<ul style="list-style-type: none"> <input type="checkbox"/> Balance® ^{dsTERRA} T <input type="checkbox"/> LLV or Daily Nutrient Pack® ^{dsTERRA} M <input type="checkbox"/> TerraZyme® ^{DigestZen} M <input type="checkbox"/> Serenity® or other calming oil T <p style="text-align: right;">T = Topical M = with Meal</p>

3 What other wellness choices could support your goals? (e.g. increase water, sleep, exercise, dietary changes, etc.)?

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 5th-15th).

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