

BEFORE RESULTS



DATE OF APPOINTMENT

_____ ☐ Blood work ☐ Scan ☐ Review ☐ _____

_____ WHAT I'M CARRYING RIGHT NOW _____

WHAT WORRIES ME MOST

THE WORST THING THAT COULD HAPPEN — WRITTEN OUT, NAMED

WHAT I'M HOPING TO HEAR

_____ WHAT I KNOW TODAY _____

THINGS I'M CERTAIN OF RIGHT NOW

WHAT'S NOT IN MY HANDS — AND I CAN LET GO OF

_____ MY QUESTIONS FOR TODAY _____

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

WHAT I NEED RIGHT NOW

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WHAT I NEED RIGHT NOW
