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DISCLAIMER

The materials and content contained in this workbook are for general health information only and are not intended to be a substitute for professional medical advice, diagnosis or treatment. Users of this workbook should not rely exclusively on information provided in this program for their own health needs. All specific medical questions should be presented to your own health care provider.

Information in this document was obtained from a variety of resources and is provided for educational purposes only. This information is not medical advice and is not intended to replace the advice or attention of health care professionals. Consult your practitioner before beginning or making changes to your diet, supplements, exercise program, diagnosis or treatment of illness or injuries and for advice regarding medications. Statements have not been evaluated by the Food & Drug Administration (FDA) in the USA, the Therapeutic Goods Administration (TGA) in Australia, or the European Medicines Agency (EMA) in Europe.

You are encouraged to continue to visit and to be treated by your healthcare professionals, including, without limitation, a physician. The author is not acting in the capacity of a doctor, licensed dietician-nutritionist, psychologist or other licensed or registered professional and are not providing health care, medical or nutrition therapy services and will not diagnose, treat or cure in any manner whatsoever any disease, condition or other physical or mental ailment of the human body.

The information received in this booklet should not be seen as medical or nursing advice and is not intended to take the place of your seeing licensed health professionals.

The ideas worded and presented here are not intended to be medical advice, endorsements or recommendations. HOWEVER, this guide is a practical and useful reference tool with information to assist a wellness plan and strategy that you decide is the best for you and your situation circumstance and condition. It's always best and recommended to consult with your doctor when making any changes in your diet and/or lifestyle.

WHAT TO EXPECT

Thank you for making time for YOU and getting started with doTERRA! I'm thrilled to help you on your wellness journey! Make sure that you book a time for your 45min Wellness Consult and Lifestyle overview [here](#) or message me on the number below.

This plan will help you to assess where you are NOW and where you want to BE and how you want to FEEL in three months time (and beyond!).

Please take the time to complete the Health Check so that you have a base line of how you are feeling now and make sure that you start using your oils!

Depending on your health goals, you may also want to record your body stats.

Make sure that you access the online training that is available to you and you have the Droplii App and you [book in a time](#) for your Wellness Consult.

Wishing you all the best on your wellness journey! I'm so excited to support you! Please don't hesitate to get in touch any time if you have questions.

Warmest Wishes
Tanya

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WHERE ARE YOU NOW?

Take a minute to reflect on how you are feeling right now. Close your eyes, take a deep breath, and connect within. Do you feel nourished and energised? Do you have unmet needs? Is there something you long for? How does that impact you?

Ask Yourself:

- *Do I get enough sleep?*
- *Do I nurture my body with good, wholesome food?*
- *Do I surround myself with good people and relationships?*
- *How often do I feel tired, overly emotional or imbalanced? Why?*
- *Am I out of alignment in my life in some way or aspect? How?*
- *Am I selective with what I expose myself to—books, music, TV, movies, newspapers, social media?*
- *Do I choose to be loyal to myself by making choices that help me grow?*
- *Are my ways of self-nurturing healthy or is there room for improvement?*
- *Do I get outdoors and enjoy nature?*
- *Do I take time to meditate?*
- *How do I feel about my appearance?*
- *Am I overly critical of myself?*

WHERE DO YOU WANT TO BE?

Close your eyes and focus on what you want to change in your life and why. Who do you want to feel more of? What are you willing to do, sacrifice, change, give up, allow? See your future self embracing and cherishing nourishment on all levels. What do you look like and how does that feel?

Breathe in abundance and breathe out what no longer serves you. Let go. Imagine your body, mind, and spirit being totally nourished.

When we are nourished, we tend to maintain an optimal weight more easily, have better moods, laugh more, smile more and, in general, have a greater sense of a balanced life.

Are you in? Are you committed? If you truly feel the commitment, then you are ready to begin. If not, repeat this process until you are.

Welcome and enjoy this amazing journey!

LIFESTYLE OVERVIEW

Before beginning your three month plan, it is important to review where you are in certain aspects of your life and health. Self-observation will empower you to take control of your life in more ways than you can imagine.

Creating your intentions and goals for desired outcomes is incredibly effective. Make time to track your progress. What is it that you want from this program and how will this impact your life moving forward?

Listed below are questions to help get you started in the process of self-observation. Go beyond these questions and ask yourself more. Awareness is key!

What are your top 3 priorities over the next three months- how would you like it to change you?

How committed are you to your desire to change?

How does your body feel now? How would you like it to feel as you move towards your health goals?

Do you have pain or discomfort of any kind (physical, emotional, etc.) that you would like to eliminate?

How are your energy levels? What in your life would improve if you had more energy?

How are your moods? Do they keep you from experiencing a better quality of life or more fulfilling relationships?

Do you feel happy, confident and content?

What are your current health concerns or issues?

How can you transform "I can't" or "I won't" in your life into "I can" and "I will"? What do you need to let go of?

HEALTH CHECK

Take this quiz **before** and **after** three months and see how you feel. This test is adapted from the work of Dr. Mark Hyman (https://drhyman.com/downloads/MSQ_Fillable.pdf).

Rating Scale:

- 0 - Almost never
- 1 - Occasionally have it, effect is not severe
- 2 - Occasionally have it, effect is severe
- 3 - Frequently have it, effect is not severe
- 4 - Frequently have it, effect is severe

DIGESTIVE	BEFORE	AFTER	DIFFERENCE
Nausea or vomiting			
Diarrhoea			
Constipation			
Bloated feeling			
Belching or passing gas			
Heartburn			
Intestinal/stomach pain			
Subtotal			
EARS	BEFORE	AFTER	DIFFERENCE
Itchy ears			
Earaches or ear infections			
Drainage from ear			
Ringing in ears or hearing loss			
Subtotal			
EMOTIONS	BEFORE	AFTER	DIFFERENCE
Mood swings			
Anxiety, fear or nervousness			
Low Mood			
Subtotal			
ENERGY/ACTIVITY	BEFORE	AFTER	DIFFERENCE
Fatigue or sluggishness			
Apathy or lethargy			
Hyperactivity			
Restlessness			
Subtotal			
EYES	BEFORE	AFTER	DIFFERENCE
Watery or itchy eyes			
Swollen, reddened or sticky eyelids			
Bags or dark circles under eyes			
Blurred or tunnel vision			
Subtotal			
HEAD	BEFORE	AFTER	DIFFERENCE
Headaches			
Faintness			
Dizziness			
Insomnia			
Subtotal			
HEART	BEFORE	AFTER	DIFFERENCE
Irregular or skipped beat			
Rapid or pounding heartbeat			
Chest pain			
Subtotal			

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JOINTS/MUSCLES	BEFORE	AFTER	DIFFERENCE
Aches or pain in joints			
Arthritis			
Stiffness or limitation of movement			
Aches or pain in muscles			
Feeling of weakness or tiredness			
Subtotal			
LUNGS	BEFORE	AFTER	DIFFERENCE
Chest congestion			
Shortness of breath			
Difficulty breathing			
Subtotal			
MIND	BEFORE	AFTER	DIFFERENCE
Poor memory			
Confusion or poor comprehension			
Poor concentration			
Poor physical coordination			
Difficulty making decisions			
Stuttering or stammering			
Slurred speech			
Learning disabilities			
Subtotal			
NOSE	BEFORE	AFTER	DIFFERENCE
Stuffy nose			
Sinus problems			
Hay fever			
Sneezing attacks			
Excessive mucus formation			
Subtotal			
SKIN	BEFORE	AFTER	DIFFERENCE
Acne			
Hives, rashes. or dry skin			
Hair loss			
Flushing or hot flushes			
Excessive sweating			
Subtotal			
WEIGHT	BEFORE	AFTER	DIFFERENCE
Binge eating/drinking			
Craving certain foods			
Excessive weight			
Compulsive eating			
Water retention			
Skip meals often			
Excess alcohol intake			
Night eating			
Subtotal			
OTHER	BEFORE	AFTER	DIFFERENCE
Frequent illness			
Frequent or urgent urination			
Genital itching or discharge			
Subtotal			

BODY STATS (OPTIONAL):

Start date: _____

Start weight _____

Rate your energy at the beginning of your program (1-10) _____

Measurements:

Chest _____ Waist _____ Hips _____ Thighs _____ Upper Arms _____

End date: _____

End weight _____

Rate your energy at the end of your program (1-10) _____

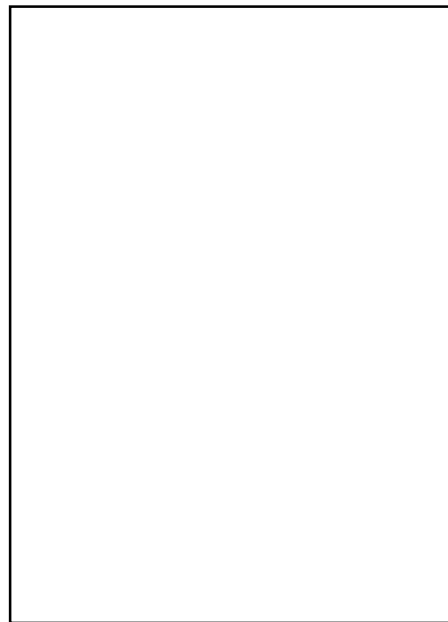
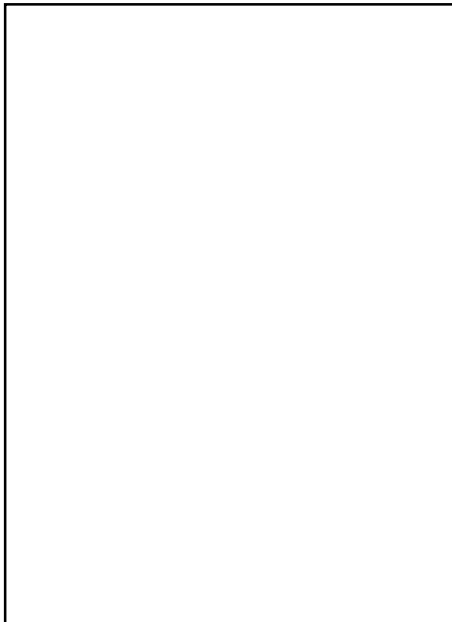
Measurements:

Chest _____ Waist _____ Hips _____ Thighs _____ Upper Arms _____

Picture of Self:

Start:

End



WELLNESS WHEEL

Using a Wellness Wheel is an excellent way of looking at where you are right now and discovering which areas of your life need more attention.

The Wellness Wheel below has eight sections. You are welcome to add any sections that you feel are missing. Look at each section and mark how satisfied you are with each area of your life. A mark at the centre of the circle or close to the middle indicates dissatisfaction, while a mark placed on the periphery indicates ultimate happiness.

When you have placed a mark in each section, shade or colour in the central section. This will give you a clear visual of any imbalances in specific areas and a starting point for determining where you may wish to spend more time and energy to create more balance and joy in your life.

This exercise is an opportunity to discover areas of your life that are out of balance and what aspects of your life need to be nourished.

Now that you have created a picture of your life, you have a wonderful opportunity to observe with greater clarity and honesty. What patterns do you see? What are your real needs?

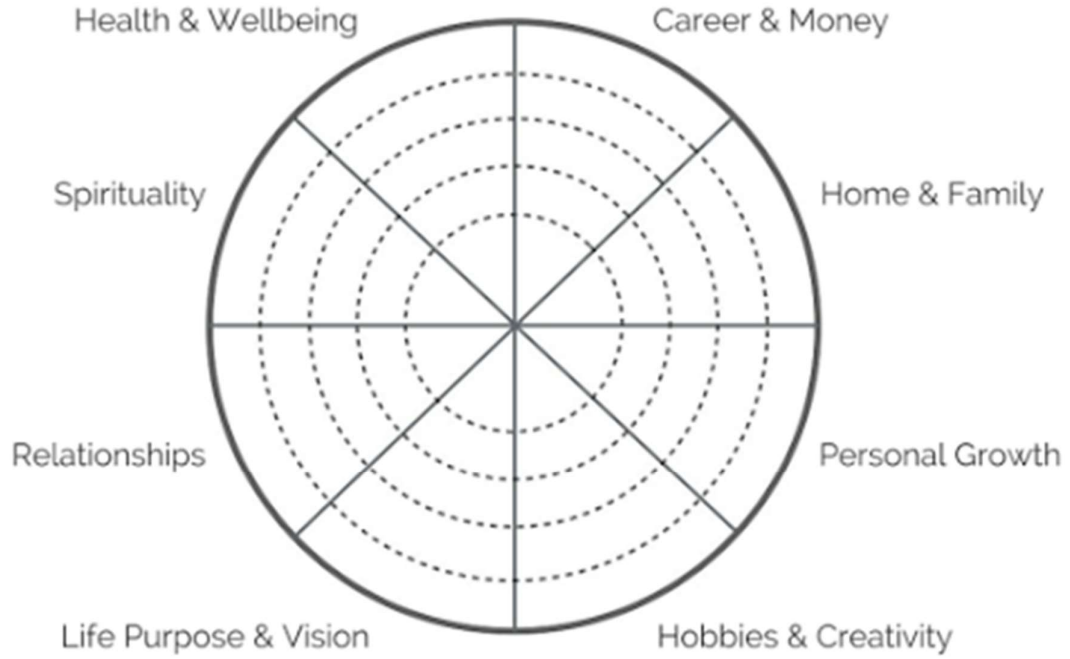
It's amazing what can happen when you have a sense of fullness or fulfilment in well-balanced areas of your life. Where do you see the greatest need for balance? What are your priorities? Where and how can you make changes and create the life you want? Record your thoughts in your journal. This is a great place to start creating your goals. Use positive statements and affirmations.

I CREATE Balance.
I HAVE true happiness.
I LIVE with freedom from

It's time to let go of what doesn't serve you serve you!

12 Weeks to Wellness with Essential Oils

Wellness Wheel



DAILY SELF CARE LOG

Fill in your own *Daily Self Care* log and choose the habits that you desire to experience and use in this program. Some examples could include healthy eating such as green smoothies, staying hydrated, regular exercise, aromatic dressing, diffusing essential oils, keeping a journal, self-development, affirmations, taking supplements, meditating, skin brushing etc.

You can print out one copy of the log for each week of the program and change it as you go, shifting your focus on top areas of commitment.

Task/habit	Mon	Tue	Wed	Thurs	Fri	Sat	Sun

You may want to also keep a daily wellness journal where you can keep a note of any insights, successes, breakthroughs or accomplishments, lessons learned, improvements and what you are most grateful for!

YOUR WELLNESS PLAN

Top Health Concerns: 1. _____ 2. _____ 3. _____

Top Health Goals: _____

Current Medication: _____

Which dōTERRA Products do You Have: _____

Suggested Protocols

Use the Droplii App, Modern Essentials or Essential Life Book to help identify some suggestions for your top health concerns:

1. _____

2.

3.

For more recipes and protocols please refer to Droplii App, Modern Essentials or Essential Life Book. You can also view the product guide [here](#).

DISCLAIMER:

The information in this booklet is intended for education purposes only, the statements have not been evaluated by the European Medicines Agency (EMA), Food and Drug Administration (FDA) or Therapeutic Good Association (TGA). These products are not intended to diagnose, treat, cure or prevent any disease. Anyone suffering from any disease, illness or injury should consult with a medical practitioner. These suggested uses apply only to certified Pure Therapeutic Grade (CPTG) dōTERRA Essential Oils. Always check usage instructions on how to use these safely.

Wellness Plan - Month 1

Here are some suggestions based on dōTERRA's daily habits routine. For other solutions try the Droplii App, Modern Essentials or Essential Life Book.

Morning Routine

Lemon oil in water, Balance and On Guard on the bottom of your feet every day, frankincense on your tongue.

Diffuser Blend: Add 2 drops of Peppermint, Lemon or Wild Orange to a diffuser, or 1 drop of each to cupped hands and inhale, for a calming and uplifting effect.

Afternoon Routine

Repeat Peppermint and Lemon as needed for energy boost.

Try a few drops of citrus oil in your water.

Exercise: Try and exercise for at least 30 minutes every day to help maintain physical and mental health

Night-time Routine

Aim to turn off all electronics 60min before bed and for a consistent bedtime each night.

Diffuser Blend: 20min before bed add 3 drops each Lavender to a diffuser and leave it to run while sleeping.

Apply 2 drops Lavender to the soles of feet and pulse points if you wish, directly before bed.

For more information on daily routines visit the [doTERRA Blog](#).

Suggested products to order:

Wellness Plan - Month 2

doTERRA's top selling product is the [LifeLongVitality](#) supplements. They come with a one month money back guarantee. Start slowly and build up as required. The recommended daily dose is 12 capsules (4 of each). Here are some suggestions based on dōTERRA's daily habits routine.

Morning Routine

Lemon oil in water, Balance and On Guard on the bottom of your feet every day. Lifelong vitality supplements (one of each with breakfast building up to two of each from week 2).

Diffuser Blend: Add 2 drops Peppermint, Lemon or Wild Orange to a diffuser, or 1 drop each to cupped hands and inhale, for a calming and uplifting effect

Afternoon Routine

One of each LifeLong Vitality supplement with lunch building up to two of each from week 2 Try a few drops of peppermint oil in your water.

Exercise: Try and exercise for at least 30 minutes every day to help maintain physical and mental health.

Night-time Routine

20min before bed add 3-4 drops Lavender to a diffuser and continue to run the diffuser while sleeping, or add a few drops on your wrists and inhale.

Apply 2 drops Lavender to your big toe and soles of feet and pulse points if you wish, directly before bed.

Suggested products to order:

Wellness Plan - Month 3

Continue as per month 2 plan. This is a good month to review your TOP CONCERNS. Do they remain the same? If so please get in touch so that we can explore next step protocols. Also, if new concerns are your focus let's update your wellness plan!

This is a great month to explore replacing some of your household products! The Environmental Working Group (EWG) has a great database to help explore what products in your home are safe and clean and which contain toxins. Toxins in our beauty and cleaning products can affect our health in many potentially harmful ways.

From your Wellness Plan survey, which products are in your home?

- Vitamins, Cleaning Products, Soap, Skin care, deodorant etc?

doTERRA have clean, all-natural versions of these which you can buy at less than wholesale price and earn up to 30% back in product points. Have a look in your online shop or doTERRAs [online product catalogue](#).

Use the Droplii App or Essential Life book for some additional solutions and recipe ideas:

- 1.
- 2.
- 3.

Suggested products to order:
