

# MY PERSONALIZED HOLOBIOME ROADMAP PLAN

## My Healing Journey at a Glance

Patient Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

## My Primary Health Goals

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Better digestion | <input type="checkbox"/> Better food tolerance     | <input type="checkbox"/> Better focus / brain clarity |
| <input type="checkbox"/> Improved energy  | <input type="checkbox"/> Less inflammation         | <input type="checkbox"/> Improved stress resilience   |
| <input type="checkbox"/> Reduced bloating | <input type="checkbox"/> Improved bowel regularity | <input type="checkbox"/> Immune support               |
| <input type="checkbox"/> Other            |  |   |

## My Current Challenges

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## WEEKLY CHECK-IN

### How Am I Feeling?

Rate each from 1-10

Energy: \_\_\_\_\_

Digestion: \_\_\_\_\_

Bloating: \_\_\_\_\_

Food tolerance: \_\_\_\_\_

Stress resilience: \_\_\_\_\_

Sleep quality: \_\_\_\_\_

Mood / mental quality: \_\_\_\_\_

Bowel regularity: \_\_\_\_\_

Inflammation / discomfort: \_\_\_\_\_

Overall progress: \_\_\_\_\_

### What Improved This Week?

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### What Felt Challenging?

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### Questions For My Practitioner

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