



## **EPISODE 80 Lifestyle medicine - What we didn't get in medical school**

**With guest Dr. Heather Hammerstedt**

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 80. Today we're talking about something that we didn't hear much about in our medical training. And it's so ironic because these elements are fundamental to good health. Our topic is lifestyle medicine, which incorporates the building blocks of health, such as diet, exercise, sleep, mindset, and stress reduction.

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I hear from many of you that you feel like you're just treating patient symptoms and wish you had the time and resources to help them adopt a healthier lifestyle and reverse the habits that lead to chronic disease.

Our special guest today, Dr. Heather Hammerstedt has created an entire business helping people lead healthier lives through the principles of lifestyle medicine. She is an emergency medicine physician who is board certified in lifestyle medicine. She is the founder and president of the company Wholist Health.

She'll be talking to us about how she started down this path as early as medical school and will also be sharing a variety of ways you can incorporate lifestyle medicine into your practice and career. We'll also learn more about her business and team of coaches and the lifestyle medicine training she offers physicians.

Even if you're not interested in lifestyle medicine as a professional avenue, you might just be curious about it for personal reasons. Another sad irony of our healthcare system is that the demands on your time often make it difficult to have a healthy lifestyle yourself. Many of you I talk to who are seeing patients don't even get a chance to eat lunch or have a bathroom break. A lot of you don't get enough sleep. And if you want to exercise, you have to get up super early before the family at o-dark-30, just to get in some cardio before your nonstop day begins.

If a healthy lifestyle is important for patients, why not us? Without further ado, I am honored to welcome Dr. Heather Hammerstedt to the podcast. Hey, Heather, it's great to see you and have you on the podcast.

HH: Thanks for having me.

HF: Yes. This is such an important topic and really for us too. I'm so glad that you're here to be able to help us dive in.

HH: Yeah, for sure. I think so many of us went into medicine just expecting that we would have this knowledge given to us and it really wasn't. And I think it's getting a little bit better in medical school and residencies now, especially in primary care, that they're starting to cover nutrition and movement and mindfulness in a more meaningful way. But I think I had like a half an hour of nutrition education and I certainly never put together the biochemistry of learning about diabetes to weight or metabolism or health in a way that we know that insulin works now. And so, I think it's a great topic. And I think a lot of people, like you said, personally and professionally can take away a lot from this.

HF: Well, this is exciting. It brings back memories of when I was in internship and I'd walk around with grilled cheese sandwiches in my pockets. And I would stick some lettuce in there to try to make it a little healthier, but you know how that goes.

HH: And we all know that the graham crackers and peanut butter from the nurses station.

HF: Right. Exactly. And the juice boxes and the chocolate milk and the fridge jell-o. But anyway, take us back to when you first started thinking about this topic because I'm really curious about how that all started.

HH: Well, mine precedes medical school. I was living in Montana as a ski bum between college and med school. And I remember I had this book, it's called "Healing with Whole Foods." It's by Paul Pitchford. He's a traditional Chinese medicine practitioner. And it's a giant book, it's like a Bible. I read it for like an entire year. I was just obsessed with it and I got into medical school. And again, I went and I was like, "I'm going to learn about how we're going to be healthy bodies." And I didn't.

And so, when I was a fourth-year med student, I decided to take a course in integrative nutrition. It was a yearlong course. And I was in Philly. It was in New York once a month. I

would take the train in New York and go into this course and I got certified as a health coach through this integrated nutrition program. I won't date myself, but it was a long time ago.

And then I got caught up in residency and I did a medical acupuncture course along the way, and then moved out to Idaho and got busy with my career, building my career professionally. And I just didn't do anything with these other talents that I had and expertise that I had. And maybe four or five years ago now I sort of was like, "Geez, I have all these skills that I could be using to help people, not come to me at 03:00 in the morning with chest pain."

HF: Right, right.

HH: And what does that look like? Is it part of emergency medicine? Is it something different? I have health coaching skills. And so, I started looking into it and I found lifestyle medicine, which is basically what I had been practicing for with all of those other courses. So, I got certified and then decided how I wanted to set up my business, mostly as a coaching practice and not in clinical medicine, which we can certainly talk about. And so, that was in 2018. And here we are serving just about a thousand people so far in the last few years.

HF: Well, that's quite a whirlwind. I want to go back a little bit. Because I'm interested in what made you read that book and what do you think really caught you by fire way back then?

HH: I was a hippie. I was a happy ski bum hippie who really liked the natural food store. I've always been interested in food and how it tastes and how it makes you feel and the role that it plays in our lives emotionally and physically. And that book was just something that I'd never seen before. Traditional Chinese medicine is a fascinating expertise, a fascinating culture. And I think that instead of him talking about herbs and meridians

and things like that, that seem so foreign to me, food is an easy thing to get your brain around. And so, understanding and learning about how that culture thinks about how food affects your body, I thought was really fascinating. I still do, I still have that book.

HF: Wow. Did you have any health issues that you were trying to address with the food and diet?

HH: No, not really.

HF: Okay. And then when you were in medical school and thinking about your career path, did it seem like emergency medicine would be a good fit for you having this big interest in diet and nutrition?

HH: I thought I was going to be a family medicine doctor. I had this dream of having a family medicine clinic and then having the co-op next door, like the food.

HF: Right. Maybe a restaurant, a natural foods restaurant.

HH: Exactly. But I fell in love with emergency medicine early in my fourth year and just totally went 180 on it at the last minute. And I'm super glad that I did because I love emergency medicine. I'm really good at it. I like making an impact on someone in the moment that they need you or they think they need you more importantly because emergencies and perceived emergencies are the same to the person.

And so, I'm really happy that I did that and it's given me an opportunity to have a more flexible life than I would've doing primary care. And it's given me the flexibility to practice this information in a different way. Because now I can run this business and do the things that I've always wanted to do, but outside of medicine, if that makes sense.

HF: Well, that's interesting. I can see how your personality fits well with emergency medicine because you can do things really fast and let's not just belabor this, let's get it done. And chop, chop. Which probably really helped you in your business. Well, I'd like to help us understand lifestyle medicine a little better. Would you be able to compare and contrast it with integrative medicine and functional medicine, Heather?

HH: Yeah, sure. I'm not an integrative medicine doc. I'm not a functional medicine doc. So, I don't want to speak for them, but my understanding is functional medicine, they get down under the molecular kind of biochemistry level about what you might be missing that is causing the symptoms that you are having or the disorder of your body that are causing the symptoms that you have. And then they kind of get in and they supplement those. So, you're going to take alpha-linolenic acid or you're going to have those things fixed from the bottom up, which I think is really interesting. And I would love to learn more about it.

Integrative medicine is conventional medicine integrated with things like acupuncture, meditation, herbalism, those other modalities outside of conventional medicine. Alternative medicines, and putting them all together so that they complement each other.

Lifestyle medicine is really just understanding the evidence behind how food, sleep, exercise, mindfulness and relationships affects your health. And how can you have real skills to put in to be able to help people to make sustainable change in those modalities.

HF: Yeah, that's a helpful distinction because these terms get bandied about a bit and it's sometimes hard to understand what the physician is actually doing, what the role is. And I definitely want to talk more about your business and your path, but I'd also like it if first you can help us understand some different ways that physicians can incorporate lifestyle medicine in what they're doing. And then maybe even as a side gig or opportunity.



HH: Yeah, sure. Well, first off there is a Facebook group called Lifestyle Medicine for Physicians that I didn't start, but I'm a moderator for. So, if people are interested in coming in there and wearing and seeing what people are doing and talking about, certainly come join us.

There are a few different ways that I have seen people practice. First off there are people who are opening their own lifestyle medicine clinics. So, you can do that. In traditional medicine, taking insurance and practicing lifestyle medicine, most of those people are primary care or internal medicine docs from the get go. They already have the ability to run a general practice and then add lifestyle medicine as a niche. There are people who are doing that as a direct care model. I don't want to say direct primary care, although that's generally kind of what people associate with it.

Not taking insurance and working outside of the conventional insurance model so that they are kind of taking cash pay. It's not the same as a concierge model, and you've probably interviewed a direct primary care person already. But it's not necessarily a concierge model. And in fact, most times direct care is actually more affordable. So, you can do like \$60 to \$100 monthly pay, but then they can negotiate directly with labs and radiology and pharma to get pretty dirt-cheap prices for those things, because it's direct pay, right? So, it can be pretty affordable and you can take care of people who maybe can't even afford health insurance in a lot of different ways. I think that's really super interesting for people who want to be giving back for a lot of different reasons to their communities.

That would be setting up a brick-and-mortar practice, that would be everything that goes along with that and staff and payroll and where's the patient going to sit. All of those things that you have to think about.

There are some people that are doing that. Obviously, insurance versus not insurance, you can get your hands tied pretty well by the insurance company I think for a lot of

different things, which we could talk about for ages. But for lifestyle medicine in particular, there's not a lot of specific codes for the things that we're going to be doing.

And so, you might be stuck to a wellness visit once a year, getting paid weight management, those kinds of things that you can bill for, but you may not be able to bill for the coaching and the mindset work and the culinary session and all the things that you might want to be doing. The direct care model might be I think probably more favorable for reimbursement in flexibility for a lifestyle medicine physician.

HF: And you've mentioned internal medicine physicians, family practices, obviously are a natural fit for this. Have you seen physicians from other specialties having these direct care practices?

HH: I know one emergency medicine doc that's setting one up. There's an OB that I know that's setting one up. So, I think it's spreading for sure.

HF: And are you able to speak at all to how this is working out financially?

HH: I haven't. I don't practice this way. I don't practice within medicine for lifestyle work, so I can't specifically, but I do know there's a couple people that I've interviewed. One in particular in Virginia who is doing well with a direct care multi-specialty practice. She has an exercise physiologist and she's got a dietician and health coach. And she says they're doing well. I think it'd be hard, especially if you're in the insurance model to make this work.

The other opportunity that people are using is doing telehealth. As you know with telemedicine, which obviously started flourishing during the 2020 early pandemic, but has been around for a while. There's a lot of national companies doing telehealth. There's a lot of small companies doing telehealth. I think people's organizations have started letting them do that more and more in the last couple of years. And so, it's



something that people are familiar with and it's an easier way for physicians to reach out and get to more people than just people who can come into your practice.

And I think it's the same with lifestyle medicine. You can have a lifestyle medicine practice where you just take care of people on telemedicine, you meet like on a Zoom, basically, like a HIPAA compliant version of that. And I think lifestyle medicine's pretty easy to do that. You can send people to get labs locally, where they live and have them have a wireless scale that connects to your platform and their remote monitoring blood pressure cuffs and things like that. So, you can do a fair amount on telemedicine for lifestyle health.

You of course have to have a license where the patient is, which is a complication that is super frustrating for a lot of us. And so that limits you in some way of how many licenses you want to have or do you only want to take care of the state in which you practice primarily.

Telehealth gives you the opportunity to not have that brick-and-mortar overhead cost and lets you see and reach more people. And so, there's people who are doing that, which I think is really interesting. I did that for a little while. I have Idaho, Oregon and California practice licenses. And so, I did that for about six months and I really liked it. I decided to go running my own business route instead, because it seemed it was going to require less of my in-person time, but that's another option.

HF: And so, talking about the whole umbrella of lifestyle medicine, you obviously have the diet and nutrition under there. Do some physicians end up focusing in an area such as weight loss or obesity almost similar to an obesity medicine physician or focusing just on sleep or exercise?

HH: Yeah, I think we're all passionate about different things. I know a couple of pediatric lifestyle medicine folks who only work with kids or teenagers and their parents. So,

there's niches even like that. Obesity medicine, I think there's an overlap on lifestyle medicine, obesity medicine, although, again, I'm not an obesity medicine doc, but my understanding is that they do a lot of work with medicine as well, like medical weight loss as well as talking about lifestyle behavior modification.

I think there's an overlap for sure. But in lifestyle medicine, we're not really talking about meds for the vast majority of the time. We're talking about behavior change in habits, more than anything else.

HF: I see. Those are some good, different opportunities that physicians can pursue and it might even help them test the waters, say they do some telehealth, they do something in their practice without making a huge change.

HH: Yeah. And about telehealth, I should mention that there are opportunities for you just to start your own telehealth. You don't need to join a big practice and say you're working for American Well, and I only do lifestyle medicine. That's not like a thing. But you can purchase your own platform for telehealth and brand it, sort of as your own and then market yourself and get patients. And so, it's something you can definitely do more of an individual entrepreneur way and control your own practice that way.

HF: Yeah. I like that. It's almost like having a virtual company in a way as your own telemedicine company. Great.

HH: And coaching. If you want to talk about coaching.

HF: Yeah. So, this is if you're using your physician license and you're being the doctor, so then there's this whole other area where you take up the physician hat, but you're wearing the coach hat.

HH: Yeah. And I think this is a super-hot topic right now. Because there are a lot of physicians, especially female physicians that are getting coaching themselves or becoming coaches. And the question is, “Where is the line? When am I a coach and when am I a physician?” And I'm not a lawyer, I feel like I'm saying that a lot. I am not.

But for me if you have another certification in another expertise, then you can say, “I am wearing this hat.” If you go and you become a health coach, like I did, I have a health coaching certificate that tells me I'm a coach. So, it's not like I just turned on Zoom and said, “Now I'm a coach.”

And so, I think it's important for people to pursue and decide what they want to do. Do I want to practice lifestyle medicine as a physician or do I want to do it in a different way in which I'm not prescribing meds or I'm not doing labs, I'm not giving medical advice? We're just doing pure coaching around habit change and education and empowerment, get a coaching certificate. It doesn't have to be a health coach certificate. It could be a different type of coaching. But I think that that's an important distinction.

And to be careful with, and to get a lawyer and make sure that your contracts with your clients, and your advertising, and your marketing is all very clear about what it is that you'll be providing and not providing.

HF: You're right. This is such a hot topic. And if, say for example, you have a client and you're putting on a coaching hat and they ask you something such as “Well, in your experience, do you think that it would be good for me to get off these medications or do you think I have a good chance of being able to get off them?” How do you address that question?

HH: When I talk to people, I say, “Well, my goal would always be to try to minimize the amount of medicine that I need and what we're going to do is we're going to work on habits and we're going to educate you on how your brain and your body are working around these choices and how you're feeling. And then obviously you can work with

your doctor about your medications.” I don't do direct coaching anymore. I'm just running the company. But that's the way that I advise my coaches to answer those kinds of questions.

HF: Do you know if physicians and maybe you also experienced this too, when you're wearing the coach hat, do you ever feel limited? Like, “Oh, if I was also the doctor here, I could say this and I could do this and I wish I could do both at the same time.”

HH: Some people might, I don't. Maybe because I'm in emergency medicine and it's not my routine to be digging into habits. I'm fixing the outcome of the bad habits in emergency medicine. And so, it may be harder for someone in primary care who is counseling people all the time about medical issues to do that.

For me, I think that coaching gives me the freedom to be able to hold the space for someone to really come to the table with the problems that they have and find their own solutions by the education and support that we're giving them. And I think that that gives me more freedom to have those conversations. Because I do talk to my emergency medicine patients. I give them prescriptions for nutrition. I give them literally print out prescriptions for exercise.

HF: Wow.

HH: And they go home with them. And so, I do have a one-to-two-minute conversation with everybody, but it's not the same. Conventional medicine is very prescriptive, we're saying “Do this. This is the solution. Go do what I'm telling you to do.” And we all know that people don't do it for the vast majority of the time.

And coaching is different. Coaching is like, “What's the reality of your life? Why is it that you're eating cookies in the closet at 02:00 in the morning? Why is it that you're not moving your body in a way that's joyful? Why is it that you can't give up cigarettes?”

What did your dad do to you at the kitchen table with the alcohol that makes you think that food is evil? There are deep rooted things in the reasons why people do the things that they do. And I think at least for us here at Wholist that's what we love to do. It's really to get in there in a safe space and help people figure out what they want their lives to look like and what their goals are and what are things that they can do to get there.

HF: Those are such powerful questions. Really getting to the “why” and helping people understand what's at the root of a lot of these habits, which they're often probably not even aware of. It's just the way of being.

HH: In medicine, I know I just said this, but especially when it comes to these deep-rooted things that we are not understanding about the choices that we're making. If people understand that it's not just the lack of willpower that they are missing when it comes to doing the things that we all theoretically know that we should be doing.

You were talking at the beginning about physicians not taking care of themselves, I'm talking to us. We all know theoretically what we should be doing. Why aren't we doing them? If you get into that and really start to heal some of those deep-rooted things, it's very powerful.

But also in conventional medicine, if someone's just telling you what to do, you go to your doctor's office, you are a doctor, you go to the doctor's office. They tell you, you are 30 pounds overweight, your blood pressure is getting high, your lipids are off, your CAD risk score is going up. And they tell you what to do. If someone's telling you to do it, immediately, we're in this restriction rebellion mode where we do not want to do it. And you're like you know you should do it, but you're not doing it. And your patients are doing the same thing to you.

But if you're really getting in and understanding why you're finding yourself making the choices that you know are not going to get you to your goals and you are healing that part of yourself, but also getting the skills that you need and the understanding how your brain and your body are working, like truly working around these decisions, then it's your choice. It's not someone telling you from outside what to do. And I think that makes a really big difference in terms of making sustainable change. It's internalizing what it is and why you want to be making those changes.

HF: That's very profound, Heather. And when you think about it, that can't happen in a 15-minute visit. That will never happen. But it's really fundamental to get to people's core issues and motivators that they're aligned with to make change. I'm curious if you have an example, make up even just something hypothetical, where you've seen somebody connect with something from the past, or that's deeper than then led to behavioral changes that were positive.

HH: Yeah, absolutely. Here at Wholist, we have a foundational 12-week program that's based around weight and metacognition around health change. And each person is assigned a food coach and assigned a mindset coach. And watching the mindset coach do this work is really profound.

And I couldn't even tell you just one change. Every single person comes out of the sessions with those mindset coaches with something profound like that. And whether it is talking about, again, like my mom put me on a diet when I was 10 years old. What does that do to a 10-year-old who's being restricted already and told that their body isn't enough? And of course, that turns into disordered eating and it turns into yoyo eating. And it turns into, "Did my mom love me enough? Why was she telling me that? What's the relationship out of that? What's the relationship with my kids? What am I telling my kids about?" It snowballs right like that.

Or you uncover that a lot of people have more abuse than we thought that the people around us have suffered. And when you have abuse when you're young, you find a way to buffer it. And you buffer that with things that make your dopamine spike. And what is that? That's risky behavior. It's food. It's gaming. It's gambling. All of these things that make us feel good, cover up the things that we struggle with or don't even know that we struggle with anymore.

And that's the kind of thing that really makes change for people is that when they recognize that and realize that what they're doing that they think is just eating processed food is a way to kind of cover that up and neutralize those feelings and memories. So, watching people feel that is profound. I'm not the person that does that. I just find the people who have the skills to help people do that. And it's a humbling environment.

HF: It is incredibly joyous to be able to see people make those changes that I know I see in the coaching, because there is a lot of abuse and dysfunction that physicians come from in their families. And I see how it's affecting their work and how they're showing up at work and what's happening to them. So, you're very wise to go back to where things get set early on and heal them.

HH: Yeah.

HF: Okay. I want to just pause here for a quick sec to let you know about a helpful resource and then we'll be right back. Don't go away.

I know it can be challenging to be at the crossroads in your career, and to have no idea where to even begin. I've been there. And to help you out, I created the Physician Transition Starter Kit, which has a lot of great information and resources so you can begin moving forward and take those first steps.



You can download this free kit by going to the [doctorscrossing.com](http://doctorscrossing.com) website and selecting the freebie tab at the top of the page. Under the freebie tab, you'll find the starter kit as well as some other resources that could be helpful for you. Now back to our episode.

This is going very quickly and there's a few more things I wanted to cover. So briefly, would you mind just giving us a bit of an overview of your company and then talk a little bit about how you can help physicians interested in this area?

HH: Yeah, sure. Wholist is a playoff of hospitalists, gastroenterologists.

HF: Yeah, I love that.

HH: Obviously from this conversation, you can hear that we don't just talk about one thing. We're talking about the whole person. And we're trying to find a team around who has the best skills to teach you the skills or help you find the skills that you need to kind of get to whatever it is that your goal is.

A lot of people come to us for weight loss. I would not describe us as a weight loss program. When I talk about weight, I like to talk about weight wellness. I want people to feel confident and happy in the body that they have and understand that they're fueling it with food that is nourishing and gets them to where they want to go.

We also have culinary strategy sessions and a virtual fitness program. So, there's lots of other things that we do. We also do a lot of mindset work. We have life coaches, hypnotherapy, a bunch of different people who work with us doing mindset sessions or mental fitness programs.

So, it's really fun. We have a membership program. You can join us on a monthly basis and get new modules of all the content that we put out. It all starts with that





foundational 12-week food and mindset program because I really think that as we started this conversation I got into medicine because of food.

And I think that the entrance to health for almost all of us is going to be through food. And I'm not going to tell you exactly what you need to be eating or restrict you to be plant based. Although that's a better option than most. I want to support people however it is that they find comfort in their food, but make it the healthiest and unprocessed that it can be.

So, we have a team, there's a couple sales folks, we have a few administrative assistants, me doing mostly marketing and content and education and then the seven coaches.

HF: Yeah. And then you have a program for physicians who are interested in lifestyle medicine.

HH: I did. I wrote an online course. It's an eight-week online course for physicians or clinicians who want to learn about lifestyle medicine, learn the information behind food, sleep, exercise, mindfulness, and coaching, as well as risk reduction techniques. It's all self-directed, it's online. There are templates for people to use in their practice if they want for both their own education, but also for patient facing templates. And I did that kind of on a whim. It's been great though, because it's been helpful for people who are not wanting to go through the whole certification process or the certification process through the American College of Lifestyle Medicine just doesn't apply to what they want, want to do. They just want knowledge. And then there's people who've used it to study for the board exam for the lifestyle medicine boards. So, it's been helpful for a lot of people.

HF: Well, you're a dynamo, Heather. You created this amazing company. I'm super impressed and I will definitely link to your website so physicians can find out about it as well as

other links that you want to give me. They can find the course there, which looks really excellent. Is there anything you would like to share that we haven't discussed yet?

HH: I'm so passionate about physicians being well. Our hands are tied in so many ways, especially in the last few years. We've lost so much autonomy and there's private equity and administrators and all these people in between us and our patients.

And I think getting back to basics like this and taking care of ourselves like this, understanding how our own brains and bodies are working around our health decisions, makes us able to connect better with the patients about what they're going through. And I think anything that we can do to get back to that foundational relationship that is being taken away from us in a way between patients and physicians is key.

And we can't do that if we're smoking cigarettes and 50 pounds overweight and not remembering to meditate and to move our bodies. I had a dear friend of mine who's a hospitalist last year who died in the middle of the night and he was like 55 years old.

HF: That's terrible. That's tragic.

HH: I know. I just worry about us. Taking care of everyone else and not thinking about ourselves. So, I think lifestyle medicine, at least the knowledge behind it, is essential for all of us. It doesn't matter if you're a trauma surgeon or if you're cardiothoracic or if you're an anesthesiologist. You have the opportunity to be well yourself and also be able to take the one to two minutes that I do in emergency medicine and talk to your patients about these kinds of things and what we will all be better for it.

HF: That was really well said and so important for us to hear because we've been told "Put the patients first" and then your family comes before you and everything else. And I think you make a great point of how things change when you put yourself first and really start thinking about your needs and what you need to do to be healthy, because



everything will come from that. And it has to, because no one else is going to put you first.

HH: Yes. And you can't fill someone else's cup if yours is empty. And a lot of our cups are empty.

HF: They are. And then you don't do this incredible hike up Mount Everest just to die before you even get to the top. Or develop a cancer or an illness or not really even be able to enjoy all the money that you've worked hard for and the family that you've created.

HH: Yes. Hundred percent.

HF: Yeah. Thank you. We'll definitely link to the different ways folks can find you, Heather. I really appreciate you coming on and thank you for all you do to make the world a happier, healthier place.

HH: Yeah. Thanks for putting this podcast out there for us all.

HF: My pleasure. Guys, as always, I want you to put yourself first, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at [doctorscrossing.com](http://doctorscrossing.com) and check out the free resources tab. You can also go to [doctorscrossing.com/free-resources](http://doctorscrossing.com/free-resources). And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

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