
Feel Like Yourself Again



A straight-talking guide for women navigating perimenopause and menopause. Connecting the dots between your symptoms, your hormones, and what to actually do next.

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- You don't have to read this straight through. Jump to what matters most right now.*

Start Here

I wrote this for the woman who's doing everything "right" and still doesn't feel like herself.

You're probably somewhere between 35 and 55. You're tired, but it's not the kind of tired that sleep fixes. Your body feels different, and nobody seems to have a good answer for why.

- Energy that tanks by 2pm, or you wake up already tired
- A mood with an edge you don't recognize
- Motivation that quietly went missing
- Desire that disappeared, and a body that doesn't feel like yours anymore

If that sounds like you, you're in the right place.

WHAT YOU'LL WALK AWAY WITH

You'll know which piece of your health to tackle first. You'll finally have real data, not guesses. You'll walk into your next appointment with questions that actually move the needle. And you'll have a better sense of whether working with someone who specializes in this kind of care is worth exploring.

A FEW WAYS TO USE THIS

- Feeling overwhelmed? Go to **The 7-Day Tracker** (Page 4) and start there.
- Want a framework? **The 5 Foundations** (Page 7) lays out the map.
- Have an appointment coming up? The **Checklist** (Page 9) is printable.
- Ready to talk? Jump to **Your Next Step** (Page 12).

PAGE 02

If You've Been Told "Everything Is Normal"

Your labs are normal.

If you've heard that and gone home feeling more confused than relieved, you're not alone. It might be the most common reason women find me.

Normal is not the same as optimal. And optimal is what you deserve.

Here's what "normal" actually means in most conventional medicine: your number fell somewhere in a range built to catch disease, not to help you thrive. So "normal" tells you one thing: you probably don't have a diagnosable condition the current system knows how to bill for. That's it.

I hear some version of this almost every week. The woman who's had her blood drawn three times in two years and is told everything looks fine. The one handed an antidepressant when she asked about her hormones. Told to "just use more lube." Told she was too young for this. And somewhere in all of that dismissal, the fear quietly took root: *maybe this really is just how it is now.*

It's not. And you're not imagining it.



WHY SHOULD YOU LISTEN TO ME?

I'm Danielle Brown, NP. I run a private concierge practice in Paso Robles built around the kind of medicine I couldn't do in the system I came from. The one where you get seven minutes and a prescription.

I'm WorldLink Medical certified with advanced training in bioidentical hormone therapy that goes well beyond what most providers learn in school. I also hold advanced training through the Obesity Medicine Association, because stubborn weight gain often has nothing to do with willpower. My approach is clinician-led, evidence-informed, whole-person. Think navigation, not a one-time destination.

PAGE 03

A Quick Self-Check

This isn't a diagnosis. It's pattern recognition.

Here's what I hear in my office, almost daily, from women who could be your neighbors, your coworkers, your friends:

SYMPTOMS YOU MIGHT RECOGNIZE

Energy that crashes mid-day. Or worse, you wake up already tired and the day hasn't even started. Body changes that don't match your effort. Brain fog so thick you walk into a room and forget why you're there.

Sleep that should be restoring you but isn't. Anxiety that came out of nowhere. Irritability that scares you a little.

And then the things you don't say out loud. Lower libido. Discomfort during sex. The way you've started making excuses at bedtime because it's easier than explaining something you don't have words for yet. The guilt that comes with pulling away from someone you love.

Cycles that suddenly feel different. Cravings that feel uncontrollable, like your body is demanding something your willpower can't fight. A general sense of puffiness or inflammation, like your body is fighting something you can't see.

If you're nodding along to three or more of those, keep reading.

The 7-Day Tracker

Track just three things for the next seven days. No calorie counting. No apps. Just these:

- **Sleep** — rate it 0 to 10, note if you woke up
- **Energy** — best window and crash time
- **Meals** — what times you ate, protein at each meal? (Y/N)

The rule: Don't change anything yet. Just observe. We're gathering data, not launching a self-improvement project. You'd be amazed what seven days of honest observation reveals.

#	SLEEP (0-10)	WAKEUPS (Y/N)	BEST ENERGY TIME	CRASH TIME	MEAL TIMES	PROTEIN (Y/N)
1						
2						
3						
4						
5						
6						
7						

Fill this out and bring it to your Discovery Call. Patterns you can't see when you're just surviving the day become obvious fast.

PAGE 05

The Things Nobody Says Out Loud

People don't walk into my office and lead with the real stuff. Not at first.

They say things like, "I just don't feel like myself anymore." Or, "I feel like I'm losing my edge." Or sometimes, quietly: "I'm right on the edge of giving up."

But underneath all of it, underneath the symptoms and the frustration and the providers who didn't help, there's usually one fear that runs the show:

What if this is just how it is now?

What if I never feel like me again. What if I never want to be touched again. What if my marriage slowly falls apart because I can't explain what's happening inside me.

It doesn't have to be. There are real, physiological reasons you feel this way. This isn't a character flaw. It's not a lack of willpower. Your body is going through something real, and there are options to discuss with the right clinician.

This work is personal for me. My very first day in women's health, a retired professional woman came in. She was dealing with painful sex, no libido, and the slow erosion of a marriage she'd built her whole life around. The conventional model hadn't equipped me to actually help her. I couldn't stop thinking about her. I went looking for better tools, better training, a better way. And eventually, I built it myself.

"I have been a patient for almost 6 months now and I am forever grateful. A 15-minute phone call that could change your life!"

Amy A. · Real patient review. Individual outcomes vary.

"Danielle was patient, kind, humble and listened to all my concerns without judgment. She's the real deal."

Rachel M. · Real patient review. Individual outcomes vary.

"Had my appointment yesterday. Danielle Brown is incredibly knowledgeable and takes her time to ask questions and listen. Five-star treatment. Highly recommend."

Real patient review. Individual outcomes vary.

Why "Eat Less, Move More" Is Terrible Advice

If weight, energy, and vitality were purely a willpower issue — if it really was as simple as "eat less and move more" — we'd all be Barbie and Ken.

But we're not. Because you've *been* doing the thing. Eating the salads. Dragging yourself to the gym. White-knuckling through the afternoon slump. And your body isn't responding the way it should.

Here's why: your body is responding to a lot more than calories in and calories out. Your insulin is part of it. So is your thyroid. Sleep quality matters more than most people realize, and stress hormones can quietly sabotage everything else you're doing right. Inflammation plays a role. And then there's what your sex hormones are doing as your body moves through this stage of life.

When those systems aren't working right, willpower doesn't stand a chance. You're not lazy. You may be fighting your own physiology.

Normal lab results don't mean your hormones are working optimally. Most reference ranges are built around population averages, not around how a healthy, vital woman should actually feel.

A result that lands "in range" can still be the reason you feel terrible. That gap, between what's technically normal and what's actually optimal, is exactly where so many women get lost.

And here's the part that doesn't get said enough: when your body doesn't feel like yours anymore, it affects everything. Your confidence. Your desire. The way you show up in your closest relationships. It's hard to feel connected to someone else when you feel disconnected from yourself.

Shame is not a treatment plan. Treating someone as a whole person is the heart of our treatment model, and for a lot of women, it's the approach that finally holds up over time.

PAGE 07

The 5 Foundations (Your Map)

When someone comes to me feeling stuck, I bring it back to foundations. Not because you haven't tried hard enough. You have. But because you deserve a map instead of another lecture.

Think of these five foundations like a house. If the foundation is cracked, no amount of redecorating fixes the shaking walls. We figure out which one is most unstable, and we start there.

FOUNDATION 1 SLEEP & RECOVERY

It's 2:47am. Your eyes snap open. Your brain starts running through every decision you've made since 2004. If any version of that is your life right now, start here. When sleep is broken, almost everything else breaks with it.

FOUNDATION 2 NOURISHMENT & BLOOD SUGAR

You're so "hangry" your family knows to leave the room. Afternoon crashes send you straight to the pantry. Cravings that feel uncontrollable, like your body is demanding something your willpower can't fight.

FOUNDATION 3 STRENGTH & MUSCLE

It's not about being a gym rat. It's about having the raw material to run your metabolism, protect your joints, and keep you independent at 80. When this is shaky, your body composition shifts even though you're active.

FOUNDATION 4 STRESS & NERVOUS SYSTEM

You catch yourself holding your breath at your desk for no reason. Irritability shows up out of nowhere. Everything feels urgent even though nothing's actually on fire. That's physiology, not a personality flaw.

FOUNDATION 5 HORMONES & METABOLIC HEALTH

This is the one that ties the others together. You're doing everything right and your body's doing its own thing anyway. The weight won't budge. The fatigue doesn't match your sleep. Your cycles went sideways. Your interest in intimacy has faded so gradually you almost didn't notice. Somewhere inside, you know it shouldn't be this way.

A NOTE FOR WOMEN WHO'VE TRIED GLP-1 MEDICATIONS

GLP-1 medications (Ozempic, Wegovy, Mounjaro, Zepbound) can do remarkable things for appetite and blood sugar. But they can't fix your thyroid, restore your testosterone, or recalibrate a cortisol pattern keeping you wired and inflamed. That's why so many women lose 15–20 pounds on a GLP-1 and still feel exhausted, still have zero libido, still don't recognize themselves. **The weight moved. But the underlying hormonal picture didn't.**

We're not an online prescription warehouse. We look at the full hormonal picture before and during any weight loss protocol, because that's the only way the results actually hold.

Hormones & Metabolic Health: What You Should Know

EDUCATIONAL NOTE

This page is general education. It is not medical advice.

There's no single "right" plan. Depending on your history, symptoms, and risk profile, the right approach might be lifestyle support alone, non-hormonal options, hormone therapy, or some combination, all guided by an individualized evaluation. Cookie-cutter doesn't work here.

HERE'S WHAT THE PROCESS LOOKS LIKE

- 1 **Discovery Call** — A real conversation with one of our team members to understand what's going on. We'll order the right lab panel for your situation during that call, so you arrive at your appointment with data in hand.
- 2 **Full Lab Review** — You sit down with Danielle for a 60-minute appointment. She goes through your results in context, not just against a "normal range."
- 3 **Treatment Planning** — Actual education on what each option does, what the tradeoffs are, and what makes sense for *your* situation. Not "here's your prescription, good luck."
- 4 **Follow-Up & Course-Correction** — We watch the trend over time and course-correct when something needs to shift. It's not a straight line. It's navigation.

If you've read this far, you're clearly willing to be part of it. You're not looking for easy answers. You're looking for the right ones.

PAGE 09

Bring This to Your Appointment

If you've ever left an appointment thinking *"I forgot the important part"* — this page is for you. **Print it. Fill it out. Bring it with you.**

YOUR NOTES FOR YOUR CLINICIAN

1. Your top 3 symptoms, in your own words
2. When they started, and what changed around that time
3. Your sleep snapshot from the 7-Day Tracker
4. Your energy pattern: best time and crash time
5. When your last period was, and whether your cycle has been regular
6. Changes in libido, desire, or comfort with intimacy (worth writing down, even if it's hard to say out loud)
7. What you've already tried, and what happened
8. Your #1 goal: *"If we could improve one thing, it would be ____"*

QUESTIONS WORTH ASKING

- ☐ "Based on my story, what patterns seem most likely here?"
- ☐ "What would you monitor over time to know things are moving in the right direction?"
- ☐ "If labs are appropriate, which ones would matter most for my symptoms?"
- ☐ "I've noticed changes in my desire and my body's response to intimacy. Is that something we should look at together?"
- ☐ "My results keep coming back normal, but I still don't feel right. Can we look at what optimal would look like for me?"

These questions tell your clinician you want a *partnership*, not a drive-through. The right clinician will appreciate that. And if they brush you off, that tells you something too. You deserve better. And it exists.

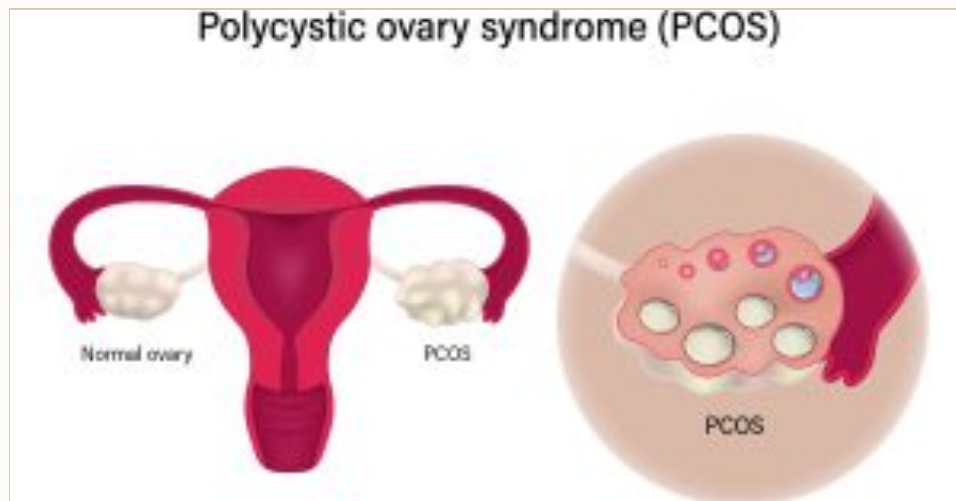
A Note on PCOS

EDUCATIONAL NOTE

General education only. Diagnosis and treatment require individualized care.

If PCOS is part of your history, or you suspect it might be, this page is for you. If not, feel free to skip ahead.

PCOS doesn't exist in a vacuum. It's tangled up with how your body handles insulin and blood sugar, with inflammation, with sleep and stress physiology. That's part of why it's so frustrating. It touches everything, and most providers only look at one piece.



If this is your world, here are questions worth bringing to your clinician:

- ☐ "What does my metabolic picture look like right now, not just my hormones, but the whole picture?"
- ☐ "Which symptoms should we track over time so we know if things are actually improving?"
- ☐ "What are the real pros and cons of the options we're considering?"

The point isn't to have all the answers going in. It's to have the right questions, the ones that open up a better conversation.

Intimacy: The Thing Nobody Wants to Talk About

Intimacy issues are one of the most common things I see in my practice, and one of the least talked about.

Women are silently carrying pain. Sometimes literal physical pain. Sometimes the ache of feeling disconnected from their own desire. And sometimes the grief of watching a relationship change because of something happening inside their body that they can't explain and didn't choose.

Low libido that showed up gradually and never left. Discomfort that turned intimacy into something to endure instead of enjoy. The way you stopped initiating and hoped your partner wouldn't notice. The guilt when they did.

And underneath it all, that whisper of shame: *"What's wrong with me?"*

Nothing is wrong with you.

Sometimes it's physiological. Hormonal shifts can change everything about how your body experiences touch, arousal, and desire. Sometimes it's stress and disconnection that's been building for years. Most of the time, honestly, it's both. And it ripples outward into every corner of your life. Your confidence. Your sense of self. The way you feel in your own skin.

I remember that patient on my first day in women's health. How distressed she was. How alone she felt in it. How her marriage was slipping away and nobody in the medical system had even asked. That's stayed with me. Nobody should have to carry that in silence.

When this piece of the puzzle is addressed, really addressed, not brushed off, something opens up. Some women tell me they feel more connected. More present. More at home in their bodies. One woman told me it was like all things started to bloom again.

If this is part of your picture, it's worth bringing up. With the right clinician, it doesn't have to be awkward. It just has to be said.

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Your Next Step

You've done the reading. Maybe you've done the tracker. Now you get to choose what makes sense for **you**. No wrong answer here.

OPTION A – TRY IT ON YOUR OWN

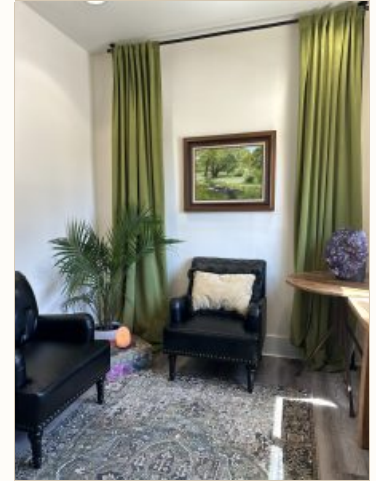
If your symptoms feel manageable and you mostly needed clarity, use the 7-Day Tracker (Page 4), pick the most unstable foundation from Page 7, and focus there. You can always come back.

OPTION B – TAKE IT TO YOUR CURRENT DOCTOR

If you have a PCP or OB-GYN you trust, bring Pages 4 and 9 to your next visit. Those pages alone can change the quality of the conversation.

OPTION C – COME TALK TO ME

If you want someone who specializes in this, someone who'll look at the full picture, take the time, and help you build a monitored plan. I take a limited number of new patients each month because this kind of care doesn't work at scale.



Book Your Free 15-Minute Discovery Call

embodymodernwellness.com

805-239-2159

admin@embodymodernwellness.com

A real conversation with our team to understand your situation and figure out where to start. We'll order your lab panel during that call. From there, you'll meet with Danielle for a full 60+ minute appointment to review your results and build your plan together.

If we're a fit, we'll figure it out together. If we're not, I'll say so and point you toward someone who is. No games.

I didn't build this practice for everyone. I built it for the woman who's been told her labs are normal when she knows something isn't right. The one who just wants someone to actually *listen*, to look at the whole picture, and to walk alongside her while things change.

Normal is not optimal. You deserve optimal.

P.S. — If you read this whole thing, that tells me something about you. You're not looking for easy answers. You're looking for the right ones. That's exactly the kind of person I built this practice for.