

GOALS

To help us both clarify what health goals or concerns you want to address during your program, please take a few moments to fill in the following and bring it to your first session. Please write three goals for each time period.

ONE MONTH

1. _____

2. _____

3. _____

THREE MONTHS

1. _____

2. _____

3. _____

SIX MONTHS

1. _____

2. _____

3. _____
