

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. |  |
|  |  |