INTENDED OUTCOMES FORM

Your Name: _____

List the specific goals you'd like to accomplish during our time together:

_____

_____

_____

_____

_____

Now describe the level of health you'd like to be experiencing one year from today:

_____

_____

_____

_____

_____

Describe any lifestyle changes that you think would help you achieve that goal:

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____