

# HEALTH GOALS 2007

(Please fill out forms by hand. Do not input answers into a computer.)

**\*\*PLEASE USE A BLACK PEN TO FILL OUT PAPERS\*\***

NAME \_\_\_\_\_

DATE \_\_\_\_\_

What would you like to improve about your health? List each item in order of its importance to you.	How long has there been a problem related to this goal?	What % of time does it affect you?	Is there something you feel started this?	Describe problem at its worst:
1)				
2)				
3)				
4)				
5)				
6)				

Do you have symptoms that bother you but don't seem severe enough to mention? Please describe:

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