

# health goals 2014

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Please fill out form 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 the problem at its worst:
1.				
2.				
3.				
4.				
5.				
6.				

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

Please describe: \_\_\_\_\_  
\_\_\_\_\_