



Health Goals Questionnaire

Name: _____ Date: _____

I'm currently interested in the following areas:

- | | |
|--|--|
| <input type="checkbox"/> Losing weight | <input type="checkbox"/> Adding more muscle strength and flexibility |
| <input type="checkbox"/> Exercising More | <input type="checkbox"/> Improving my nutrition balance/food quality |
| <input type="checkbox"/> Decreasing need for medication | <input type="checkbox"/> Learning techniques to develop healthy habits |
| <input type="checkbox"/> Improving the quality of my sleep | <input type="checkbox"/> Understanding my health numbers (blood pressure/cholesterol/BMI/etc.) |
| <input type="checkbox"/> Increasing my energy levels | |

Are you interested in talking to one of our Health Coaches to discuss your goals and help you develop a personalized action plan?

Yes No thanks

Best Number to Contact You: (_____) _____ - _____

Cell/Other Phone Number: (_____) _____ - _____

Email Address: _____