

# What Are Your Wellness Goals?

Wellness Goals

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_

## Wellness Goals

Physical (*Be Fit*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nutrition (*Eat Right*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LifeStyle (*Think Well*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What's your Wellness Quotient? (Place an 'X' that denotes your level of wellness)



➤ What are your current lifestyle habits? (Please circle)

Exercise    Chiropractic    Massage    Yoga    Pilates    Meditation  
Stress Management    Medication    Physical Therapy    Vitamins

➤ Are you healthier today than five years ago? Yes    No    (Please circle & explain)

\_\_\_\_\_  
\_\_\_\_\_

➤ What do you feel needs to change to meet your wellness goals?

\_\_\_\_\_  
\_\_\_\_\_

➤ What do you feel you need to start doing to reach your wellness goals?

\_\_\_\_\_  
\_\_\_\_\_

Yes, I'd like to learn more about achieving my wellness goals with Creating Wellness.  
(Please check the box)

