

# Intended Outcomes Form

Full name: \_\_\_\_\_

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

---

---

---

---

---

---

---

Describe the level of health you'd like to be experiencing one year from now: \_\_\_\_\_

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_