



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# Welcome to our wellness center

Today we are here to discover your goals and priorities as it relates to your health and wellness. Your answers to the following questions will help us determine how we can best help you achieve your health goals. Let's get started . . .

**On a scale of 1-10, rate the importance for you to achieve the following:**

Get fit	1 2 3 4 5 6 7 8 9 10	Stop Smoking	1 2 3 4 5 6 7 8 9 10
Improve my posture	1 2 3 4 5 6 7 8 9 10	Reduce Pain	1 2 3 4 5 6 7 8 9 10
Eat better	1 2 3 4 5 6 7 8 9 10	Increase mobility	1 2 3 4 5 6 7 8 9 10
Improve my sleep	1 2 3 4 5 6 7 8 9 10	Reduce Stress	1 2 3 4 5 6 7 8 9 10
Learn about wellness	1 2 3 4 5 6 7 8 9 10	Other: _____	1 2 3 4 5 6 7 8 9 10
Learn more about wellness products that are right for my individualized needs			1 2 3 4 5 6 7 8 9 10

Which of the above would you say is the most important goal for you to achieve during your care here and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attempted to accomplish this goal in the past? YES NO

If yes, what prevented you from accomplishing it or from seeing results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions or comments you would like us to address today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEMBER:** Your health is your greatest asset.

We look forward to helping you discover Wellness.

*Be fit. Eat right. Think well.*