## <u>Intended Outcomes Form</u>

Name	
List the specific goals you would like to acc	omplish during our time together
Describe your current state of health (pain, i etc)	njuries, physical strength, mental focus, energy level,
Describe the level of health you would like	to be experiencing one year from today.
If these goals could be achieved in a reasona	able amount of time how would that make you feel?
Client Signature	Date