

# Intended Outcomes Form

Name \_\_\_\_\_

List the specific goals you would like to accomplish during our time together \_\_\_\_\_

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Describe your current state of health (pain, injuries, physical strength, mental focus, energy level, etc)

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Describe the level of health you would like to be experiencing one year from today.

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If these goals could be achieved in a reasonable amount of time how would that make you feel?

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_