

## Personal Short-Term / Long-Term Goals

Name: \_\_\_\_\_ Date of Initial Visit: \_\_\_\_\_

**PLEASE ANSWER THESE QUESTIONS AS SPECIFICALLY AND COMPLETELY AS YOU CAN AS THIS WILL ENSURE WE ARE SPECIFICALLY ADDRESSING YOUR MOST IMPORTANT GOALS.**

1. What short-term goal(s) would you like to achieve in the next few weeks to months?
2. Do you have a deadline date to complete this goal? YES or NO (please circle)  
Deadline:
3. Why is this goal important to you?
4. Do you feel this goal is achievable in this amount of time? YES or NO (please circle)

### NOTES:

1. What long-term goal(s) would you like to achieve in the next 6-12 months?
2. Do you have a deadline date to complete this goal? YES or NO (please circle)  
Deadline:
3. Why is this goal important to you?
4. Do you feel this goal is achievable in this amount of time? YES or NO (please circle)

### NOTES: