

GOAL SETTING FORM

Rank your Physical Therapy/Fitness/health goals

Goal #1 _____
Goal #2 _____
Goal #3 _____
Goal #4 _____

How will goal #1 be achieved? (frequency, days, times, intensity, mode, etc)

Goal #1 _____
Goal #2 _____
Goal #3 _____
Goal #4 _____

Date for re-assessment _____

What, if any, dietary modifications need to be made (keep them achievable and realistic)?

Goal #1 _____
Goal #2 _____
Goal #3 _____
Goal #4 _____

What obstacles might interfere with your goal achievement?

Obstacle?

Strategy to overcoming obstacle?

Goal #1 _____
Goal #2 _____
Goal #3 _____
Goal #4 _____