

Personal Health Assessment

ELEMENTS OF WELLBEING	NOT CONFIDENT	UNSURE	VERY CONFIDENT
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MINDFULNESS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MIND-BODY CONNECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FITNESS & MOVEMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
REST & SLEEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NUTRITION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNICATION & RELATIONSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROFESSIONAL DEVELOPMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WORK-LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY VISION OF WELLBEING:

MY VALUES:

MY TRUTHS:

WHAT I AM MOST CURIOUS ABOUT:

Personal Health Assessment

Please complete as much as you are able and we will discuss during our next session.

MY VISION OF WELLBEING:

MY MOTIVATORS:

MY TRUTHS:

WHAT I AM MOST CURIOUS ABOUT:

MY INTENTIONS FOR HEALTH COACHING:

MY BOUNDARIES:

Galen Health and Wellness
4976 Alpha Ln, Hixson, TN 37343
Phone: 423-497-5366
Fax: 423-308-0281

MY WELLNESS GOAL

MY GOAL:

	M	T	W	T	F	S	S
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POTENTIAL SETBACKS:

MY ACTIONS STEPS:

Today's Intention

Date:

Today I am celebrating:

Today I want to focus on:

Today I noticed:

Today I will:

Habit Tracker

Date:

ACTIVITY

M T W T F S S

NOTES:

Daily Tracker

Date:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

