

## GOALS

To help us both clarify what health goals or concerns you want to address during your program, please take a few moments to fill in the following and bring it to your first session. Please write three goals for each time period.

### ONE MONTH

1.

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2.

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3.

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### THREE MONTHS

1.

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2.

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3.

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### SIX MONTHS

1.

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2.

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3.

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NIKAYA KIPP, HHP, INHC