

FirstLineTherapy[®]

Establishing Your Health Goals

Date _____

Name _____

Age _____

Gender _____

Health Goals	Change +/-	Stage of Change	Technique/Plan
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

1. Fill in your current Health Goals.
2. Is this a change that requires you to begin a new activity or discontinue an old behavior?
Record with a plus (+) or minus (-).
 - + New healthy desires—positive lifestyle changes you want to begin.
 - Old unhealthy habits—behaviors you would like to eliminate.
3. Is this Stage of Change precontemplation, contemplation, preparation, action or maintenance?
4. What are the Techniques, Plan and protocols for reaching each Health Goal?