

Personal Goal/Function Form

1. What activities are your symptoms/restrictions keeping you from participating in?
2. What is most important to you right now?
3. What short term goals do you wish to achieve from working with me? (1 month)
4. What long term goals would you like to achieve from working with me?
5. What problems do you anticipate may come between you and your goals?
6. List the actions you will take to overcome these problems.
7. What do you expect out of me as your physician?
8. What is your definition of health?

On a scale from 0-10, 0 being not all and 10 being extremely, how serious are you about achieving your goals?