Improve your health, make positive lifestyle changes!

Personal Health Plan

Client name:

Health trainer name:

Number:

Email:
General health and wellbeing

Weight:                Height:                

Session 1

On a scale of 0 to 10 how important is your health to you right now?

0  1  2  3  4  5  6  7  8  9  10
Not important                                                      Very important

On a scale 0 to 10 how confident do you feel about improving your health?

0  1  2  3  4  5  6  7  8  9  10
Not at all confident                                                     Very confident

On a scale of 0 to 10 how healthy do you feel?

0  1  2  3  4  5  6  7  8  9  10
Very unhealthy                                                       Very healthy

On a scale of 0 to 10 how stressed do you feel?

0  1  2  3  4  5  6  7  8  9  10
Not at all stressed                                                      Very stressed

Am I ready to change?

Think of the reasons why you want to change?

What is your motivation?


Barriers and solutions

Session 6

On a scale of 0 to 10 how important is your health to you right now?
0  1  2  3  4  5  6  7  8  9  10
Not important                                   Very important

On a scale 0 to 10 how confident do you feel about improving your health?
0  1  2  3  4  5  6  7  8  9  10
Not at all confident                           Very confident

On a scale of 0 to 10 how healthy do you feel?
0  1  2  3  4  5  6  7  8  9  10
Very unhealthy                                  Very healthy

On a scale of 0 to 10 how stressed do you feel?
0  1  2  3  4  5  6  7  8  9  10
Not at all stressed                            Very stressed

Specialist services recommended
<table>
<thead>
<tr>
<th>What I want to achieve (main goal)</th>
<th>Result</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Mini task/goals</th>
<th>Result</th>
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Achieved = A  Part Achieved = P  Not Achieved = N