



### Past Life Experiences

*List things in the past that helped me be healthy and make good choices about my health*

### Moving Forward

*List what needs to happen to improve my health, make healthy choices, and support my vision for a healthy life*

### Vision for Healthy Living

What do I want my healthy good life to look like?

My vision for a good life

What health issues am I having or am I worried about?

Are there diagnosis or disability specific concerns?

What is my vision around fitness, nutrition and wellness?

### What I Don't Want

What are things I don't want to happen with my health?

What I don't want in my life