



What are Your Personal Health Goals?

HeartLight Wellness of Santa Fe LLC is here to assist you to achieve much higher levels of wellness. Your health and wellness are important to us, and this survey will help us help you reach your goal of a healthier, happier you.

Name: _____ Date: _____

My current physical activities include:

- | | | |
|--|--|---|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Treadmill/Elliptical |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Martial Arts (Type____) | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Running | <input type="checkbox"/> Water sports |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Skiing/snow sports | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Dance (Type____) | <input type="checkbox"/> Soccer | <input type="checkbox"/> Water Aerobics |
| <input type="checkbox"/> Football | <input type="checkbox"/> Stairmaster | <input type="checkbox"/> Yoga/Pilates |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hiking/Camping | <input type="checkbox"/> Tennis | <input type="checkbox"/> _____ |

I would feel healthier and happier if I could ... (PICK YOUR TOP FIVE (5) GOALS):

- | | | |
|--|--|---|
| <input type="checkbox"/> Achieve more Balance | <input type="checkbox"/> Digest better | <input type="checkbox"/> Improve clarity of mind |
| <input type="checkbox"/> Achieve more Confidence | <input type="checkbox"/> Eat Healthier | <input type="checkbox"/> Improve consciousness |
| <input type="checkbox"/> Achieve more Fulfillment | <input type="checkbox"/> Eliminate alcohol | <input type="checkbox"/> Learn a new skill/hobby |
| <input type="checkbox"/> Achieve more Joy | <input type="checkbox"/> Eliminate allergies | <input type="checkbox"/> Lose weight |
| <input type="checkbox"/> Achieve more Love | <input type="checkbox"/> Eliminate caffeine | <input type="checkbox"/> Lower blood pressure |
| <input type="checkbox"/> Achieve more Peace | <input type="checkbox"/> Enjoy more skiing/snow sports | <input type="checkbox"/> Lower blood sugar |
| <input type="checkbox"/> Achieve more Spirituality | <input type="checkbox"/> Enjoy more outdoor fun | <input type="checkbox"/> Lower cholesterol |
| <input type="checkbox"/> Dance more | <input type="checkbox"/> Enjoy more social activities | <input type="checkbox"/> Sing more |
| <input type="checkbox"/> Decrease anxiety | <input type="checkbox"/> Experience more family time | <input type="checkbox"/> Sleep Better |
| <input type="checkbox"/> Decrease stress | <input type="checkbox"/> Experience more 'Me-Time' | <input type="checkbox"/> Strengthen relationships |
| <input type="checkbox"/> Decrease pain | <input type="checkbox"/> Get in shape | <input type="checkbox"/> Quit smoking |

Women's Health Concerns:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Autoimmune Diseases | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Get pregnant |
| <input type="checkbox"/> Balance hormones | <input type="checkbox"/> Fibromyalgia/Nerve Pain | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Decrease PMS | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Foggy brain | <input type="checkbox"/> Sleep issues |

What is the **ONE** activity that you can't do now, that you would do if your health improved?

↳ _____



Thank you for sharing your personal health goals.
HeartLight Wellness of Santa Fe LLC!

