DATE: _____

TREATMENT GOAL SHEET

Your outcome to treatment depends on threes factors:1-an accurate diagnosis 2-a plan to solve your issue(s) based on realistic goals that are measurable and YOURS 3-you and your solution team members working consistently together!

It is essential that you clearly state why you are here and what you are trying to accomplish with treatment. What do you want to do? Life's activities are broken down into three different categories: 1-SELF CARE (or care of others)- for example, dressing, making meals, bathing, shopping, child care, 2-WORK- how do you manage to make or manage your money, get to work, do your work-sit, stand, lift heavy objects? 3- SPORT/FUN/HOBBIES/RELAXATION- includes vacations, coaching kids, fitness workouts and quilting.

HOW TO FILL IN THIS FORM:

- 1- Activity #1 should be the most urgent (to you) to solve. Circle which category of life activity it is. Describe it clearly.
- 2- Describe the goal for the activity. Make sure the goal can be measured. For example; run 2 miles in 20 minutes in 2 weeks with no more than a 2/10 pain rating.
- 3- Describe your current ability to perform the activity you have on the goal sheet. Then fill in a number (from the scales on the bottom of this page) for BOTH the <u>PATIENT SPECIFIC ACTIVITY SCORE</u> and PAIN SCALE SCORE.
- 4- REPEAT for two other activities so that we can help you find solutions to optimize your life and health!

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Goal:												
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<u>ACTIVIT</u>	<u>Y 3:</u> (CIR	CLE 1)): SELF	CAR	E — WOI	RK – S	SPORT/ I	FUN/ I	HOBBIE	S		
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ACTIVITY 1: (CIRCLE 1): SELF CARE - WORK - SPORT/ FUN/ HOBBIES