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THERAPEUTIC GOALS

PATIENT _____ DATE _____

Describe the *number one* thing you'd like to see changed in your life: _____

Now list the things that need to happen, the things that you can do, to promote this change:

Describe the *second* thing you'd like to see changed in your life: _____

Now list the things that need to happen, the things that you can do, to promote this change:

Describe the *third* thing you'd like to see changed in your life: _____

Now list the things that need to happen, the things that you can do, to promote this change:

