

# Wellness Plan

Name:	Practitioner:
Session date:	Next session date:
Email:	Contact number:
<b>Vision statement</b>	
<b>Describe your overall vision for your well-being. What does a healthy and balanced life look like for you?</b>	
<b>Mental and emotional wellbeing</b>	
<b>Goal #1:</b>	
Action steps:	
Timeline:	
<b>Goal #2:</b>	

Action steps:

Timeline:

### Financial wellbeing

**Goal #1:**

Action steps:

Timeline:

**Goal #2:**

Action steps:

Timeline:

**Spiritual wellbeing**

**Goal #1:**

Action steps:

Timeline:

**Goal #2:**

Action steps:

Timeline:

**Other specific area/aspect of wellbeing**

### Goal #1:

Action steps:

### Timeline:

## Goal #2:

Action steps:

Timeline:

## Check-ins

How often would you prefer to have a check-in with your practitioner?

Once a week

Fortnightly

Once a month

Other:

## Additional notes