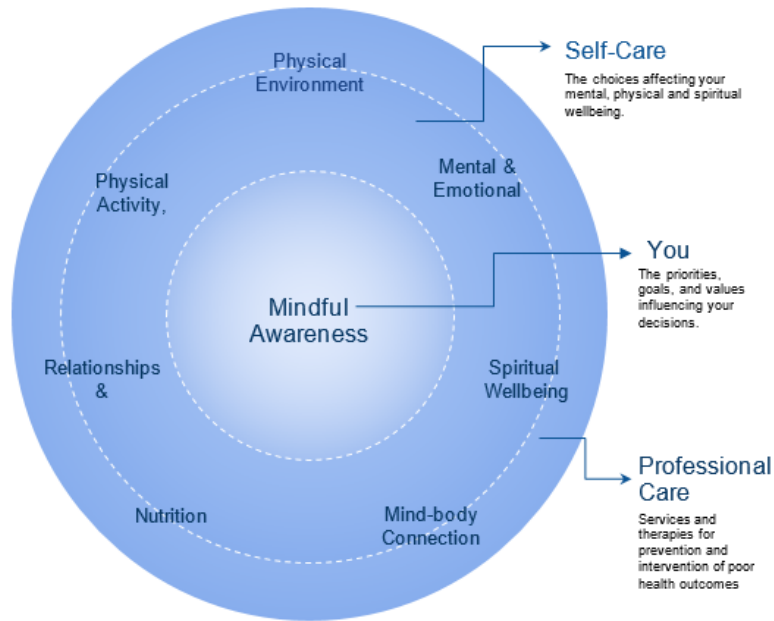


# Wheel of Health



Instructions: using the wheel of health above, answer the following table. Take consideration to reflect on how these factors influence your overall well-being, and any areas that may require adjustment to help you thrive.

## Personal Information

Name:	Date of Birth:
Current Date:	Age:
Email:	Phone:

Current health status (include any symptoms or experiences):

**Health Vision**

Describe what overall health and wellbeing looks like to you:

What are your goals and aspirations surrounding health and wellbeing?

**Additional comments:**