

Dr. J's Contract for Success

Date: _____

My health vision:

My goal(s):

My strengths to aid in accomplishing my goal(s)

Current barrier(s)

Steps to overcome barrier(s):

How confident am I about reaching my goal(s) on a scale of 1-10 (10 = most confident)? Why:

If you answered 5 or less, assess barriers and work to reduce or eliminate them before tackling your goal(s).

I hereby pledge to institute the strategies outlined in this contract to increase the likelihood of meeting my goal/s. Refer back to your contract when you feel especially challenged.

Print Name _____

Signature _____