


Current Practice	
1-Year Vision	
Income Goals	
1 Year	5 Years



My Health Practice

Name _____ Date _____

My Big “Why”	My Core Values
<div><div>My Ideal Lifestyle/Practice</div><div>My Strengths</div><div>My Support System</div></div>	

My Plan
1-Week Actions
30-Day Actions
90-Day Actions
1-Year Actions