

My Goal:

I will _____ (What)
_____ (How much)
_____ (When)
_____ (How often)

Signature _____ Date _____

Check one:

- I am meeting my goal completely
- I meet my goal most of he time
- Sometimes I meet my goal
- I am not working on my goal

I would like someone to call me to talk about my goal.

_____ Yes _____ No My Phone # _____

I have written new goals

I will _____ (What)
_____ (How much)
_____ (When)
_____ (How often)

Check one:

- I am meeting my goal completely Use
- I meet my goal most of he time to
- Sometimes I meet my goal Seal
- I am not working on my goal

Please fold this paper with the clinic address showing and tape it shut. Place in the mail. Thank you for your answers.

CFC, Darlene Cass RN
4 C's Clinic
P.O. Box 939
La Marque, TX 77568

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