Scott Sanders

Personal Trainer / Massage Therapist / Nutritional Advisor

Short-Term Goals			
Name		Date	
	Please list your short-term goals	Goal Date	Date Achieved
1.			
2.			
3.			
	What, if any, obstacles do you see yourself encountering?		
1.			
2.			
3.			
	How will you overcome these obstacles?		
1.			
2.			
3.			
	t .		
	Do you have specific concerns regarding the achievability of these goals?		
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