

7 Areas of Life Worksheet

Client name: _____ Age: _____

Gender: _____

Other relevant information (if needed):

CAREER AND BUSINESS

Short term Goal(s):

Long term Goal(s):

Start date(s):

Target date(s):

Time frame(s):

Current action(s):

Action plan(s):

Milestones:

Status(es):

Challenge(s):

Additional note(s):

FINANCES

Short term Goal(s):

Long term Goal(s):

Start date(s):

Target date(s):

Time frame(s):

Current action(s):

Action plan(s):

Milestones:

Status(es):

Challenge(s):

Additional note(s):

INTELLECTUAL OR EDUCATIONAL

Short term Goal(s):

Long term Goal(s):

Start date(s):

Target date(s):

Time frame(s):

Current action(s):

Action plan(s):

Milestones:

Status(es):

Challenge(s):

Additional note(s):

RELATIONSHIPS

Short term Goal(s):

Long term Goal(s):

Start date(s):

Target date(s):

Time frame(s):

Current action(s):

Action plan(s):

Milestones:

Status(es):

Challenge(s):

Additional note(s):

HEALTH AND WELLNESS

Short term Goal(s):

Long term Goal(s):

Start date(s):

Target date(s):

Time frame(s):

Current action(s):

Action plan(s):

Milestones:

Status(es):

Challenge(s):

Additional note(s):

PERSONAL

Short term Goal(s):

Long term Goal(s):

Start date(s):

Target date(s):

Time frame(s):

Current action(s):

Action plan(s):

Milestones:

Status(es):

Challenge(s):

Additional note(s):

SPIRITUAL

Short term Goal(s):

Long term Goal(s):

Start date(s):

Target date(s):

Time frame(s):

Current action(s):

Action plan(s):

Milestones:

Status(es):

Challenge(s):

Additional note(s):

ADDITIONAL NOTES

Specify below: