Wheel of Health

WHEEL OF HEALTH

Instructions: using the wheel of health above, answer the following table. Take consideration to reflect on how these factors influence your overall well-being, and any areas that may require adjustment to help you thrive.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Current Date: _____ dd / mm / yyyy Age: _____

Email: _____ Phone: _____

Current health status (include any symptoms or experiences):

HEALTH VISION

Describe what overall health and wellbeing looks like to you:

What are your goals and aspirations surrounding health and wellbeing?

Additional comments: