



OptimalHealth
& Wellness Center, Ltd.

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Goal Setting

To the Patient: What would you like to accomplish by participating in the Cleanse & Detoxification Program? Please list in order of importance. (e.g. for general detoxification, lose weight, reduce aching joints, sleep better, increase in energy, better moods, allergy reduction, etc.)

1. _____

2. _____

3. _____

Other: _____

Please list the following action steps you are willing to do in order to support your goals. (examples are food journaling, light exercise, meditating, infrared sauna, reading labels, stretching, reviewing daily goals, massage, footbaths epsom salt baths, etc.)

Are you willing to do light exercise 4-5 times weekly (eg, walking, stretching, treadmill, sauna, etc.)

Yes ___ No ___ If yes, which type of movement are you willing to do? _____

How many times of the week? 2-3x's _____ 3/4x's _____ 4/5x's _____

If not, please explain why. _____

Patient Signature: _____ Date: _____