

PATIENT HEALTH GOALS

1 What is the main complaint that is affecting your daily life right now?

2 What is an activity that you were able to do before that your pain is holding you back from enjoying?

3 As you age, what is the most important to you? (life extension, functionality, family/social roles, reduce symptoms) Please give a specific example.

4 What life events are important for you to be around to experience in 20 years?
