



NORTHERN MICHIGAN

**BEHAVIORAL HEALTH
PATIENT GOAL SETTING WORKSHEET**

Patient Name: _____

My Life Goal:

1. My personal life goal is: _____

My Daily Goal:

2. My personal goal for treatment today is: _____

3. I will complete this goal today by: _____

4. Today I would like staff or group's help with: _____

Patient Signature: _____ Date: _____ Time: _____

* This is a permanent part of the patient's record

* Complete form in black ink only

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Patient Name: _____

Reflections:

1. I achieved (or did not achieve) my goal today because: _____

2. What I learned about myself today was: _____

3. This will help me in my treatment because: _____

4. Today I helped someone in the group to: _____

5. A few things I can be grateful for today are: _____

6. My goal for today helped me to achieve my life goal by: _____

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