

Follow up exam

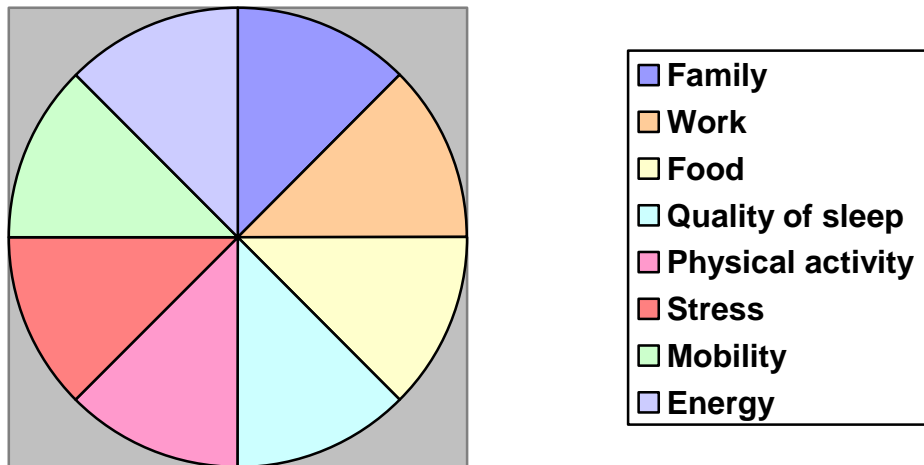
Date : _____

Name : _____ File number : _____

Initial problems:	Improvement % :
1.	1.
2.	2.
3.	3.

New problem : _____

Life habits: Where do you rate yourself now? Indicate by a number (1 to 10) or a drawing (10/10 = perfect)



What would you like to improve in your life? _____

What action could help you achieve this goal?

How do you think we can help? _____
