

Wellness Coaching

Please bring this completed form to your appointment.

Appointment Date & Time: _____

① Are there specific topics you would like to discuss?

② Do you have wellness goal(s) you are working toward, or a problem you are currently trying to solve?

③ What challenges have you met in achieving your goal(s) or resolving the issue?

④ How much of a priority is it for you to reach your goal or find a resolution to the issue?

⑤ Are there additional Carl Gipson Center programs you're interested in learning more about?

Please call 425.818.2372 or email ckoffski@voaww.org to cancel or change an appointment.



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