Treatment Plan /Client Name: _____

Treatment Plan

Client Name/s: _____

Date(s) of Birth: _____ **Intake Date:** _____

PROBLEM # 1:

_____

GOAL:

_____

OBJECTIVE #1:

_____

OBJECTIVE #2:

_____

OBJECTIVE #3:

_____

Intervention/s:

_____

☐ Individual ☐ Family ☐ Couples ☐ Group Therapy

Frequency: _____

Counselor Assigned: _____

Date Resolved/Discontinued: _____

Resolution Description:

_____

PROBLEM # 2:

_____

GOAL:

_____

OBJECTIVE #1:

_____

OBJECTIVE #2:

_____

OBJECTIVE #3:

_____

Intervention/s:

_____

_____

☐ Individual   ☐ Family   ☐ Couples   ☐ Group Therapy

Frequency: _____

Counselor Assigned: _____

Date Resolved/Discontinued: _____

Resolution Description:

_____

_____

PROBLEM # 3:

_____

GOAL:

_____

OBJECTIVE #1:

_____

OBJECTIVE #2:

_____

OBJECTIVE #3:

_____

Intervention/s:

_____

_____

☐ Individual   ☐ Family   ☐ Couples   ☐ Group Therapy

Frequency: _____

Counselor Assigned: _____

Date Resolved/Discontinued: _____

Resolution Description:

_____

_____

gnatures:

ounselor: _____   Client: _____

                                         Client: _____

                                         Client: _____