

# TREATMENT PLAN

## CLIENT INFORMATION

CLIENT NAME: \_\_\_\_\_ CLIENT ID#: \_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_ PROJECTED DISCHARGE DATE: \_\_\_\_\_

DATE OF TREATMENT PLAN: \_\_\_\_\_ UPDATE TREATMENT PLAN DUE: \_\_\_\_\_

ASSIGNED COUNSELOR: \_\_\_\_\_

## CLIENT STATEMENT

My signature at the end of this plan indicates that I have provided input for and read this treatment plan, and I have discussed with my counselor its applicability to my treatment.

PRESENTING PROBLEM OR DIAGNOSTIC IMPRESSION:

## TYPE AND FREQUENCY OF COUNSELING

TYPE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

TYPE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

TYPE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

## COMMUNITY RESOURCES/REFERRALS

TYPE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

TYPE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

TYPE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

**CLIENT STRENGTHS:**

**CLIENT WEAKNESSES:**

**LONG TERM GOAL #1:**

**SHORT TERM GOAL #1:**

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**SHORT TERM GOAL #2:**

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**SHORT TERM GOAL #3:**

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**LONG TERM GOAL #2:**

**SHORT TERM GOAL #1:**

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**SHORT TERM GOAL #2:**

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**SHORT TERM GOAL #3:**

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**TASK:**

**DUE DATE:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

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**COUNSELOR SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**COUNSELOR CREDENTIALS** \_\_\_\_\_

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**COUNSELOR ASSISTANT SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**COUNSELOR CREDENTIALS** \_\_\_\_\_

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**CLIENT SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_