Therapy treatment plan template

Free template from soapnotes.xyz. Fill it in by hand or type over it.

TREATMENT PLAN

Client _____

Date of plan _____

Review date _____

Clinician _____

PRESENTING PROBLEMS

Problem 1, in the client's words:

How it affects daily life:

DIAGNOSIS

Diagnosis and date (only if made by a qualified clinician):

STRENGTHS AND SUPPORTS

Strengths:

Supports:

GOAL 1

What the client wants to be different:

Objective 1a (measurable, with a target date):

Objective 1b (measurable, with a target date):

What the clinician will do (interventions):

GOAL 2 (add as needed)

FREQUENCY AND REVIEW

Session frequency and length:

How progress will be measured:

Review date:

AGREEMENT

Client signature and date:

Clinician signature and date:

Educational template, not medical or legal advice. Follow your employer and regulator rules.