Initial Treatment Plan

Name			DOB	Date of Plan
Therapist			Supervisor	
Presenting Problem				
Axis I			Axis II	
Treatment modality estimate of sessions needed:				
Assessment	Individual	Family	Group	Other

Comment

Symptom, Problem, Goal, or Direction		Theoretical and Relationship considerations (core beliefs, mechanisms, values, stage of change)	Objectives	Treatment Strategies
1.				
2.				

Symptom, Problem, Goal, or Direction		Theoretical and Relationship considerations (core beliefs, mechanisms, values, stage of change)	Objectives	Treatment Strategies
3.				
4.				
5.				
6.				
7.				
8.				