

Behavioral Health Treatment Plan Template

1 CLIENT INFORMATION

CLIENT NAME

DATE OF BIRTH

DATE OF INITIAL ASSESSMENT

PRACTITIONER NAME

2 CLINICAL OBSERVATIONS

OBSERVED CLIENT STRENGTHS

OBSERVED CLIENT RISKS

OTHER OBSERVATIONS ON THE PATIENT'S DEMEANOR, MOOD AND BEHAVIOR DURING THE SESSION

RISK ASSESSMENT

3 PRESENTING PROBLEM

IDENTIFIED PROBLEM DOMAINS

4 TREATMENT GOALS AND OBJECTIVES**GOAL 1**

ESTIMATED DATE OF COMPLETION

STATUS

OBJECTIVE 1A

ESTIMATED DATE OF COMPLETION

STATUS

OBJECTIVE 1B

ESTIMATED DATE OF COMPLETION

STATUS

GOAL 2

ESTIMATED DATE OF COMPLETION

STATUS

OBJECTIVE 2A

ESTIMATED DATE OF COMPLETION

STATUS

OBJECTIVE 2A

ESTIMATED DATE OF COMPLETION

STATUS

5 INTERVENTIONS AND STRATEGIES

INTERVENTIONS APPLIED

6 PROGRESS AND OUTCOMES

COMPLETED GOALS

COMPLETED OBJECTIVES

7 TREATMENT APPROACH AND RECOMMENDATIONS

TREATMENT TYPE & ESTIMATED TREATMENT LENGTH

OTHER RECOMMENDATIONS

OTHER CLINICAL OBSERVATIONS OR CONCERNS

MEDICAL NECESSITY FOR CONTINUED TREATMENT

8 PRACTITIONER DETAILS

PRACTITIONER SIGNATURE

DATE