Agoraphobia Treatment Plan

This plan is intended to guide mental health professionals in the assessment and treatment of clients with agoraphobia. Mental health professionals should use this plan as a template and customize it based on the individual needs and goals of their clients. The plan covers a range of areas, including client profile, medical history, triggers, and treatment strategies such as cognitive-behavioral therapy, medication, and support.

| Section | Questions | Treatment Plan | |
|---------------------------------|--|----------------|--|
| Client Profile | Client's Name: | | |
| | Age: | | |
| | Gender: | | |
| | Occupation: | | |
| | Do you have any medical conditions or disabilities? | | |
| | What is your living situation? | | |
| Medical History | Have you been diagnosed with any mental health disorders? | | |
| | What medications are you currently taking? | | |
| | Have you experienced any traumatic events or significant life stressors? | | |
| Triggers | What specific situations or places trigger your anxiety and panic attacks? | | |
| | What physical symptoms do you experience during a panic attack? | | |
| | How do you currently cope with anxiety or panic attacks? | | |
| Cognitive Behavioral Therapy | What negative thoughts or beliefs contribute to your anxiety? | | |
| | How can you practice relaxation and stress reduction techniques? | | |
| | What exposure therapy techniques will be most helpful for you? | | |

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|-------------------|--|----------------|--|
| Medication | Are you currently taking any medication for anxiety or depression? | | |
| | How can you safely manage medication while undergoing therapy? | | |
| Support | Do you have a support system in place? | | |
| | How can you develop a self-care routine to manage your symptoms? | | |
| | What are your goals for treatment? | | |
| Additional notes: | | | |
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