

# Couples Therapy Treatment Plan

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**Client Name 1:**

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Medical Conditions:**

**Current Medications:**

**Substance Abuse:**

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**Client Name 2:**

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Medical Conditions:**

**Current Medications:**

**Substance Abuse:**

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**Treatment Goals:**

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**Treatment Plans:**

**Progress Monitoring:**

**Next Steps:**

**Additional Notes:**