Couples Therapy Treatment Plan

Client Name 1:			
Birthday:	Age:	Gender:	
Occupation:	_ Phone:		Email:
Medical Conditions:			
Current Medications:			
Substance Abuse:			
Client Name 2:			
Birthday:	Age:	Gender:	
Birthday: Occupation:			
Occupation:			
Occupation: Medical Conditions:			
Occupation:			
Occupation: Medical Conditions:			
Occupation: Medical Conditions:			
Medical Conditions: Current Medications:			
Medical Conditions: Current Medications:			
Medical Conditions: Current Medications:			

Couples Therapy Treatment Plan

Treatment Plans:	
Progress Monitoring:	
Next Steps:	
Additional Notes:	