

# 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: \_\_\_\_\_

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

## Medical Conditions:

## Current Medications:

## Substance Abuse:

## Treatment Goals:

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**Treatment Plans:**

**Progress Monitoring:**

**Next Steps:**

**Additional Notes:**