Family Therapy Treatment Plan

Patient information		
Names of family members:		
Session date:		
Background information		
Brief history of the family's relationship dynamics:		
Relevant mental health diagnoses or treatment history:		
Presenting problem:		
Treatment goals		
Short-term goals	Long-term goals	

Intervention/s	
Progress notes and referral (if applicable)	
Therapist information	
Name:	License ID:
Contact details:	Signature: