

Family Therapy Treatment Plan

Client Information
Name of the family member:
Age:
Date of initial assessment:
Background Information
Brief history of the family's relationship dynamics:
Relevant mental health diagnoses or treatment history:
Current symptoms and concerns:
Treatment Goals
Short-Term Goals:
Long-Term Goals:
Interventions:

Family Therapy Treatment Plan

Treatment Goals

Timeline:

Referral:

Additional notes:

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Client's signature and date