

# Family Therapy Treatment Plan

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

# Family Therapy Treatment Plan

## Treatment Goals

Timeline:

Referral:

Additional notes:

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Client's signature and date