

Individualized Treatment Plan

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|-----------------------------------|---------------|
| Name: | Date: |
| Date of birth: | Sex: |
| Phone number: | Email: |
| Emergency contact details: | |
| Medical History | |
| Diagnosis | |
| Other medical conditions | |
| Current medications | |
| Previous surgeries | |
| Family medical history | |
| Treatment Goals | |
| Short-term goals | |
| Long-term goals | |

Individualized Treatment Plan

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| Treatment outline |
| Treatment modalities |
| Frequency of treatment |
| Duration |
| Progress Monitoring |
| Outcome measures |
| Frequency of progress monitoring |
| Adjustments |
| Criteria for re-evaluation |
| Frequency for re-evaluation |
| Additional Notes |
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