

# Internal Family Systems (IFS) Treatment Plan

Client Information	
Name:	Date of Birth:
Contact Information:	Date of Initial Consultation:
Therapist's Name:	
Presenting Issue(s)	
1. Primary Concerns:	
2. Duration:	
3. Intensity:	
4. Previous Treatments/Outcomes:	
Assessment	
1. Mental Status Examination Summary:	
2. Relevant Medical/Psychiatric History:	

3. Risk Factors Assessment:

4. Client's Motivation and Readiness:

**Treatment Goals**

1. Short-Term Goals:

2. Long-Term Goals:

**IFS Core Principles Integration**

1. Parts Mapping:

2. Accessing the Self:

3. Working with Parts:

4. Unburdening Process:

<b>Intervention Strategies</b>	
<b>Progress Monitoring</b>	
<b>Safety Plan</b>	
<b>Collaboration with Other Professionals</b>	
<b>Client Consent and Agreement</b>	
<b>Acknowledgment by Client:</b>	
<p>I, _____, acknowledge having reviewed the outlined treatment plan with my therapist. I understand the approach, goals, and methods described within it. I agree to engage in the therapeutic process as outlined and understand that I can discuss any aspect of this plan or my treatment with my therapist at any time. I am aware that I can modify my consent and participation in this process as needed.</p>	
<b>To be filled by Client:</b>	
Client's Name:	Date:
Do you acknowledge and agree to the terms outlined above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Endorsement for Treatment Plan Approval</b>	
Therapist's Name and Signature:	
Date Signed:	