

# Internal Family Systems (IFS) Treatment Plan

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Contact information:	
Medical and mental health history:	
Presenting problems	
Symptoms observed:	Description of mental health conditions:
Duration of symptoms:	Previous interventions tried:
Treatment goals	
Short-term goals:	Long-term goals:

**Internal family system exploration:**

**Identified internal parts (managers, protectors, exiles):**

**Roles, beliefs, and behaviors of internal parts:**

**Identified conflicts between parts:**

**Interventions**

**IFS-specific strategies (self-leadership, unburdening, part integration):**

**Implementation plan:**

**Timeline for progress evaluation:**

**Additional treatment details****IFS-therapy techniques:****Session frequency:****Monitoring requirements:****Medication management (if applicable)****Medication name and purpose:****Dosage and administration:****Monitoring requirements:**

**Supportive services (if applicable)****Additional therapeutic support (e.g. group therapy, mindfulness practices):****Objectives for support services:****Expected outcomes:****Coordination of care****Integrated care team members:****Additional resources and support****Community resources:****Educational materials (e.g., IFS therapy guidelines, self-help resources):**

**Additional notes****Healthcare professional information****Name:****License ID number:****Signature:****Date of assessment:**