

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:

Intervention Strategies	
Progress Monitoring	
Safety Plan	
Collaboration with Other Professionals	
Client Consent and Agreement	
Acknowledgment by Client:	
<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>	
To be filled by Client:	
Client's Name:	Date:
Do you acknowledge and agree to the terms outlined above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Endorsement for Treatment Plan Approval	
Therapist's Name and Signature:	
Date Signed:	