

Paranoid Schizophrenia Treatment Plan

Patient Information

Patient Name:

Date of Birth:

Gender:

Treatment Start Date:

Presenting Problem/Reason for Referral

Diagnostic Impressions

Treatment Goals

Treatment Interventions

Pharmacological Interventions:

Psychosocial Interventions:

Lifestyle Modifications:

Social Support Resources:

Collaboration and Coordination:

Primary Physician:

Psychiatrist:

Therapist:

Case Manager:

Monitoring and Follow-up

Discharge Criteria

Treatment Plan Review and Revision

This treatment plan will be reviewed and revised as needed, but no less than every _____ or when there is a significant change in the patient's condition or circumstances.

Patient Signature:

Date:

Provider Signature:

Date: