

Psychology Treatment Plan

Patient Information

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|--------------------|
| Name: |
| Date of Birth: |
| Gender: |
| Address: |
| Phone Number: |
| Email: |
| Emergency Contact: |

Treatment Goals

Assessment

- Presenting Concerns:

- Diagnosis:

- Relevant Medical History:

- Psychosocial History:

- Strengths and Resources:

Interventions

1. Cognitive-Behavioral Techniques
2. Psychoeducation
3. Interpersonal Interventions
4. Medication Management (if applicable)
5. Follow-up

Progress Monitoring

Plan Adjustment

Follow-Up