

Psychology Treatment Plan

Client information	
Name:	Age:
Sex:	Date of birth:
Phone number:	Date of consultation:
Relevant patient history:	
Presenting problem	
Assessment and diagnosis	
Treatment goals	
Short-term goals	Long-term goals

Intervention/s**Recommended medication (if applicable)****Progress notes****Healthcare provider's information****Name:****License ID/number:****Contact details:****Signature:** *E Hale*