

Psychology Treatment Plan

Patient Information

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