

Psychosis Treatment Plan

Client information

Name:

Age:

Date of birth:

Gender:

Email address:

Contact number:

Address:

Presenting issues

Psychiatric history

Medical history

Family history

Medical:

Psychiatric:**Treatment goals****Short-term goals:****Long-term goals:****Intervention/s**

Detail what interventions are planned for the patient, including the timeline.

Recommended medication (if applicable)

List down what medication is recommended for the patient.

Progress notes

Practitioner's information

Name:

License information /ID number:

Contact details:

Signature: