

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: