## **PTSD Treatment Plan**

First Name	Last Name	Date of Birth	Pat	ent Identifier
Patient traumatic memory/images				
Patient triggers				
Current patient coping behaviors and mechanisms				
Select all PTSD symptoms that the patient has				
o Unwanted upsetting memories o Negative affect o Risky or destribution o Nightmares o Decreased interest in activities o Hypervigilance		r destructive behavior gilance		
o Flashbacks o Feeling isolated o Heightened startle reacti o Inability to recall parts of memory o Difficulty experiencing positive affect o Difficulty concentrating				
o Exaggerated blame of self or others o Irritability or aggression o Difficulty sleeping				
o Overly negative thoughts and assumptions about oneself or the world  Medication				
Nedication				
Exposure therapy steps				
Exposure therapy steps				
Additional interventions				
, reducing menoralisms				
Clinician Name	Clinician Designation	Clinician Signature		Date
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