

Social Anxiety Treatment Plan

Client Information

Name: _____ Date of birth: _____

Gender: _____ Phone number: _____

Email address: _____ Date of consultation: _____

Diagnosis:

Treatment Goals:

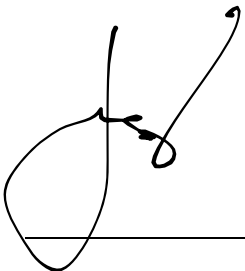
Treatment Interventions:

Medical Management:

Progress Monitoring:

Expected Outcomes:

Additional Notes:

A handwritten signature in black ink, consisting of a large loop on the left and a smaller loop on the right, with a long horizontal stroke extending to the right.

Client's signature and date