

Trauma Treatment Plan

Treatment Plan Details	Description
Patient Name:	
Date of Treatment Plan:	
Annual Update:	
Last Updated:	
Diagnosis (code & name):	
Chief complaint/presenting problem: <i>[Describe the main problem or symptoms the patient is experiencing]</i>	
Risk Assessment (SI, HI, DV, unsafe environment): <i>[Assessment of any risk factors such as suicidal ideation (SI), homicidal ideation (HI), domestic violence (DV), or unsafe living conditions]</i>	
Medications (name and dosage): <i>[List of current medications with their dosages]</i>	
Substance Use: <i>[Specify whether the patient uses any substances (alcohol, drugs, etc.) and to what extent]</i>	
Client words: <i>[Quotes from the client that capture their perspective on their situation or goals]</i>	
Long-term goal #1: <i>[Long-term goal related to trauma recovery]</i>	
Short-term goals/objectives #1: <i>[Smaller, achievable goals that work towards long-term goal #1]</i>	

<p>Long-term goal #2:</p> <p><i>[Additional long-term goal related to trauma recovery]</i></p>	
<p>Short-term goals/objectives #2:</p> <p><i>[Smaller, achievable goals that work towards long-term goal #2]</i></p>	
<p>Barriers to treatment (Y/N):</p> <p><i>[Identify any potential obstacles to treatment, such as lack of transportation, financial issues, lack of support, etc.]</i></p>	
<p>Plan (modality, frequency of sessions, duration):</p> <p><i>[Describe the chosen treatment approach, how often sessions will occur, and the expected duration of treatment]</i></p>	