

# Treatment Plan for Adjustment Disorder

First name:	Last name:
Date of birth:	Patient identifier:
Date:	
<b>Adjustment disorder symptoms</b>	
Feeling sad, hopeless, or not enjoying things one used to enjoy	
Avoiding important things such as going to work or paying bills	
Worrying or feeling anxious, nervous, jittery, or stressed out	
Difficulty functioning in daily activities	
Trouble sleeping	
Frequent crying	
Lack of appetite	
Difficulty concentrating	
Feeling overwhelmed	
Withdrawing from social supports	
Suicidal thoughts or behavior	
<b>Patient's life stressors/changes</b>	
<b>Patient's current coping mechanisms</b>	
<b>Mental health and medical history</b>	

**Current or past medication****Interventions****Additional notes**

Clinician name:

Clinician's signature:

Clinician designation:

Date: