

TREATMENT PLAN

Name _____ Date _____

Please complete as best as you can. If you are unsure of your answers, bring your questions in and we will discuss at our first appointment.

Problems (Why I'm Here):

Goals (What I Want):

Indicators: (How do I know I'm making Progress?):

Estimate – How Long to Achieve Goals? _____
(We will figure this out together)

Likelihood (0-100%) of Achieving Goals? _____
(We will figure this out together)

Client Signature / Date

Katy Wait, MA LMFT / Date