

**SAMPLE
BEHAVIORAL HEALTH
TREATMENT PLAN**

Name: _____ Date: _____
ID#: _____

CLIENT/FAMILY STRENGTHS/LIMITATIONS: (Personal, educational, vocational, social, cultural, spiritual, recreational, community resources etc.)

CLIENT PROBLEMS:

TREATMENT GOALS

Goal#: _____
Target Date: _____
Short Term Objective#: _____
Interventions: _____

Target Date: _____
Date Goal Attained: _____

Goal#: _____
Target Date: _____
Short Term Objective#: _____
Interventions: _____

Target Date: _____
Date Goal Attained: _____

Goal#: _____
Target Date: _____
Short Term Objective#: _____
Interventions: _____

Target Date: _____
Date Goal Attained: _____

Discharge Goal: _____
Target Date: _____

I have reviewed this treatment plan with the client and they are aware of its contents.

Therapist Signature/Degree

Date