



Treatment Plan

Client Name: _____ Chart #: _____

A. Diagnosis

Initial Treatment Plan 30-Day Review

ICD-10: _____ Description:

ICD-10: _____ Description:

ICD-10: _____ Description:

Diagnostic Justification and/or Assessment Measures:

B. Presenting Problem (s)

1.

2.

3.

C. Treatment Goals

1.

2.

3.

D. Objective

1.

2.

3.

E. Treatment Strategy & Interventions:

F. Estimated Completion: 1-3 Months 4-7 Months 8-12 Months

G. Frequency of Treatment: Twice per Week Weekly Every 2 Weeks Monthly

Signature

Relationship to Client

Date

Provider's Signature

Name

Date



MIRACLE Counseling

ADDITIONAL INFORMATION:

Patient Name

Therapist Name

Date