

THERAPY TREATMENT PLAN

Client name

Date

DOB

Therapist name

Main content sections

Client Concerns and Functional Limitations

Long-term goals

Short-term objectives

Care Goals and Measurable Objectives

Care Goals and Measurable Objectives

Therapy Techniques or Exercises

Session Frequency and Duration

Response and Progress Tracking

Footer section

Notes field

Client signature + date

Therapist signature + date