

# BASIC TREATMENT PLAN TEMPLATE

Patient name	Date	DOB	Student / clinician name
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## Main content sections

Intended for subjective and objective assessment notes	
Identified Problem and Diagnosis	
Long-term goals	Short-term objectives
Care Goals and Measurable Objectives	Care Goals and Measurable Objectives
Planned Interventions	
Evaluation and Progress Notes	

## Footer section

Notes field	Student / clinician signature	Instructor / supervisor signature
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