

Bipolar Treatment Plan

Name: _____ Date of birth: _____

Gender: _____ Phone number: _____ Email address: _____

Address: _____

Medical History

Medical Conditions: _____ Suicide History: _____

Medications: _____ Substance Use History: _____

Drug Allergies: _____ Family History: _____

Psychiatric History: _____

Treatment Plan

Medication:

Cognitive-behavioral therapy: ☐ Yes ☐ No

If yes, specify with notes:

Stress reduction techniques: ☐ Yes ☐ No

If yes, specify with notes:

Physical activity: ☐ Yes ☐ No

If yes, specify with notes:

Bipolar Treatment Plan

Support group:

☐

Yes

☐

No

If yes, specify with notes:

Progress Monitoring

Frequency and severity of mood swings:

Quality of life measures:

Side effects of medication:

Attendance and engagement in therapy and support groups:

Levels of stress and physical activity:

Next Steps:

Based on progress toward treatment goals, adjustments may be made to the treatment plan to ensure continued progress toward achieving desired outcomes. The patient will be encouraged to continue regular follow-up appointments to monitor progress and make any necessary adjustments to the treatment plan.