TREATMENT PLAN TEMPLATE

CLINICAL TREATMENT PLANNING DOCUMENTATION

1 Patient Information

1 PATIENT DETAILS

Name: _____ Date of Plan: _____

DOB / Age / Sex: _____ Provider: _____

MRN: _____ Diagnosis: _____

1 Presenting Problem & Clinical Summary

1a PRESENTING PROBLEM

Primary condition, symptom description, duration, and functional impact...

1b CLINICAL SUMMARY

Key symptoms, severity, relevant history, functional impairments, contributing psychosocial or medical factors...

G Goals of Treatment & Measurable Objectives

2a GOALS OF TREATMENT

Broad patient-centered goals — symptom control, functional ability, quality of life, behavioral/psychological concerns...

2b MEASURABLE OBJECTIVES

Specific, measurable, time-bound objectives for each goal (behavior, measurement criteria, target timeline)...

IN Interventions & Treatment Strategy

3a EVIDENCE-BASED INTERVENTIONS

Therapeutic modalities (CBT/DBT/EMDR), medication management, behavioral interventions, psychoeducation, supportive services...

3b FREQUENCY & DURATION

Session Frequency: _____ Expected Duration of Treatment: _____

R Responsibility, Barriers & Risk Assessment

4a RESPONSIBILITY FOR CARE

Provider / patient / caregiver responsibilities and expected participation...

4b BARRIERS TO TREATMENT

Patient-related (motivation, adherence) / environmental (transportation, financial) / clinical (comorbidities)...

4c RISK ASSESSMENT

Suicide / Self-Harm Risk: _____ Behavioral Risks: _____

Protective Factors: _____

C Coordination of Care & Progress Monitoring

5a COORDINATION

Referrals (psychiatry, PCP, specialists): _____

External Services Involved: _____

5b PROGRESS MONITORING

Symptom Scales (PHQ-9, GAD-7, etc.): _____

Plan Review Timeframe (30/60/90 days): _____

F Follow-Up

6 ONGOING CARE SCHEDULE

Ongoing care schedule & reassessment plan: _____

TIME DOCUMENTATION & BILLING

Total Time: _____

CPT Code: _____

Counseling Time: _____

Basis: _____

Primary Dx Code: _____

Secondary Dx Code(s): _____

PROVIDER NAME _____

CREDENTIALS _____

DATE & TIME _____