# Treatment Plan

**Client name:**

**DOB:**

**Diagnosis (by code and name):**

**Chief complaint/presenting problem:**

**Biopsychosocial stressors (barriers to treatment):**

**Risk assessment:**

 *Low, moderate, or high risk (safety plan included for high risk)*

*Suicidal, homicidal, domestic violence/harm to others, other*

**Medications (with dosage and prescriber):**

**Goals:**

**Objectives:**

**Interventions:**

**Plan:**

*-Modality, Frequency, Duration*

 *-Why treatment is medically necessary*