

**SAMPLE  
BEHAVIORAL HEALTH  
TREATMENT PLAN**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
ID#: \_\_\_\_\_

**CLIENT/FAMILY STRENGTHS/LIMITATIONS:** (Personal, educational, vocational, social, cultural, spiritual, recreational, community resources etc.)

\_\_\_\_\_  
\_\_\_\_\_

**CLIENT PROBLEMS:**

\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT GOALS**

Goal#: \_\_\_\_\_  
Target Date: \_\_\_\_\_  
Short Term Objective#: \_\_\_\_\_  
Interventions: \_\_\_\_\_

\_\_\_\_\_

Target Date: \_\_\_\_\_  
Date Goal Attained: \_\_\_\_\_

Goal#: \_\_\_\_\_  
Target Date: \_\_\_\_\_  
Short Term Objective#: \_\_\_\_\_  
Interventions: \_\_\_\_\_

\_\_\_\_\_

Target Date: \_\_\_\_\_  
Date Goal Attained: \_\_\_\_\_

Goal#: \_\_\_\_\_  
Target Date: \_\_\_\_\_  
Short Term Objective#: \_\_\_\_\_  
Interventions: \_\_\_\_\_

\_\_\_\_\_

Target Date: \_\_\_\_\_  
Date Goal Attained: \_\_\_\_\_

**Discharge Goal:** \_\_\_\_\_  
Target Date: \_\_\_\_\_

*I have reviewed this treatment plan with the client and they are aware of its contents.*

\_\_\_\_\_  
Therapist Signature/Degree

\_\_\_\_\_  
Date