



## Discover Me|Us Marriage and Family Therapy Prof. Corp.

<b>Client Name</b>	
<b>Other Pertinent info</b>	

### Treatment Goal #1

<b>The client reports their goal is to:</b> (in clients own words)	
<b>The client's clinical goal is:</b> (Select or write in)	<input type="checkbox"/> <i>Symptom Reduction</i> <input type="checkbox"/> <i>Skill Acquisition</i> <input type="checkbox"/> <i>Learn/improve coping</i> <input type="checkbox"/> <i>Improve functioning</i> <input type="checkbox"/> <i>Improve health</i> <input type="checkbox"/> <i>Reduce ineffective behaviors</i> <input type="checkbox"/> <i>Maintain previous gains</i> <input type="checkbox"/> <i>Other:</i>
<b>What will the client do to meet this goal?</b> (i.e. behaviors, skills, etc) "Attend therapy" is not an appropriate treatment objective.	
<b>Progress will be measured by:</b> (select all that apply and/or write in)	<input type="checkbox"/> <i>Reduction in PHQ-9 score</i> <input type="checkbox"/> <i>Reduction in GAD-7 score</i> <input type="checkbox"/> <i>Reduction in AUDIT-C score</i> <input type="checkbox"/> <i>Reduction in suicidal risk on the C-SSRS</i> <input type="checkbox"/> <i>Behavioral observation by the therapist</i> <input type="checkbox"/> <i>Completion of homework/assignments</i> <input type="checkbox"/> <i>Parent/guardian report</i> <input type="checkbox"/> <i>Client self-report</i> <input type="checkbox"/> <i>Other:</i>

<b>Estimated time to achieve goal:</b>	<input type="checkbox"/> <i>Within the next 2 weeks or 2 visits</i> <input type="checkbox"/> <i>Within the next month or 4 visits</i> <input type="checkbox"/> <i>Within the next 2 months or 8 visits</i> <input type="checkbox"/> <i>Within the next 3 months or 12 visits</i>
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**Treatment Goal #2 (Optional, If applicable)**

<b>The client reports their goal is to:</b>	
<b>The client's clinical goal is:</b> (Select or write in)	<input type="checkbox"/> <i>Symptom Reduction</i> <input type="checkbox"/> <i>Skill Acquisition</i> <input type="checkbox"/> <i>Learn/improve coping</i> <input type="checkbox"/> <i>Improve functioning</i> <input type="checkbox"/> <i>Improve health</i> <input type="checkbox"/> <i>Reduce ineffective behaviors</i> <input type="checkbox"/> <i>Maintain previous gains</i> <input type="checkbox"/> <i>Other:</i>
<b>What will the client do to meet this goal?</b> (i.e. behaviors, skills, etc) <i>"Attend therapy"</i> is not an appropriate treatment objective.	
<b>Progress will be measured by:</b> (select all that apply and/or write in)	<input type="checkbox"/> <i>Reduction in PHQ-9 score</i> <input type="checkbox"/> <i>Reduction in GAD-7 score</i> <input type="checkbox"/> <i>Reduction in AUDIT-C score</i> <input type="checkbox"/> <i>Reduction in suicidal risk on the C-SSRS</i> <input type="checkbox"/> <i>Behavioral observation by the therapist</i> <input type="checkbox"/> <i>Completion of homework/assignments</i> <input type="checkbox"/> <i>Parent/guardian report</i> <input type="checkbox"/> <i>Client self-report</i> <input type="checkbox"/> <i>Other:</i>
<b>Estimated time to achieve goal:</b>	<input type="checkbox"/> <i>Within the next 2 weeks or 2 visits</i> <input type="checkbox"/> <i>Within the next month or 4 visits</i> <input type="checkbox"/> <i>Within the next 2 months or 8 visits</i> <input type="checkbox"/> <i>Within the next 3 months or 12 visits</i>

<b>Therapeutic Modalities</b>	
<b>Frequency of treatment</b>	<input type="checkbox"/> <i>Twice a week</i> <input type="checkbox"/> <i>Weekly</i> <input type="checkbox"/> <i>Every other week</i> <input type="checkbox"/> <i>Monthly</i> <input type="checkbox"/> <i>Other</i>
<b>Anticipated length of time in treatment</b>	<input type="checkbox"/> <i>Less than 3 months</i> <input type="checkbox"/> <i>3-6 months</i> <input type="checkbox"/> <i>6 months - 1 year</i> <input type="checkbox"/> <i>1 year or more</i>
<b>The client actively participated in developing this treatment plan</b>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<b>Next Visit Info</b>	<input type="checkbox"/> <i>Within 7 days of this appt</i> <input type="checkbox"/> <i>Within 10 days of this appt</i> <input type="checkbox"/> <i>More than 10 days- therapist full/unavailable</i> <input type="checkbox"/> <i>More than 10 days- other</i> <input type="checkbox"/> <i>More than 10 days- no medical necessity</i> <input type="checkbox"/> <i>More than 10 days- client request</i> <input type="checkbox"/> <i>Other/Unknown</i>