

Couples Therapy Treatment Plan

Client 1

Name: _____ Birthday: _____

Age: _____ Gender: _____ Occupation: _____

Phone: _____ Email: _____

Medical conditions:

Current medications:

Substance abuse:

Client 2

Name: _____ Birthday: _____

Age: _____ Gender: _____ Occupation: _____

Phone: _____ Email: _____

Medical conditions:

Current medications:

Substance abuse:

Treatment goals:

Treatment plans:

Progress monitoring:

Next steps:

Additional notes: