

# 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:**