

Family Therapy Treatment Plan

Client information	
Name of the family member:	
Age:	Date of initial assessment:
Background information	
Brief history of the family's relationship dynamics:	
Relevant mental health diagnoses or treatment history:	
Current symptoms and concerns:	
Treatment goals	
Short-term goals:	
Long-term goals:	
Interventions:	
Timeline:	
Referral:	

Additional notes

Client's signature:

Date: