

# Social Anxiety Treatment Plan

## Patient information

Name:

Gender:

Age:

Email address:

Date of consultation:

## Diagnosis

## Treatment goals

## Medical management strategy

## Treatment/interventions

**Expected outcomes**

**Progress monitoring**

**Additional notes**

\_\_\_\_\_  
**Patient signature**

\_\_\_\_\_  
**Healthcare practitioner name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**