[Insert organisation name/logo]

# TREATMENT PLAN & REVIEW TEMPLATE

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** |  | **Client ID** |  |
| **Staff name/ role** |  |
| **Date****(plan)** |  | **Date (review)** |  |

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| **Summary of presenting issues and client needs including assessment findings** |
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| **Client’s goals** | **Target Date** | **Achieved (Yes/No)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **Client’s planned strategies** | **Target Date** | **Achieved (Yes/No)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **Worker’s planned interventions** | **Target Date** | **Achieved (Yes/No)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **Constraints and opportunities**  |
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| **Participation of others in the treatment planning process** |
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| **Early warning signs and relapse prevention plan** |
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| **Signature of client** |  | **Date** |  |
| **Signature of staff** |  | **Date** |  |
| **Date for planned review of treatment plan**  |  |
| **Review of interventions/outcomes**  |
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| **Exit planning** |
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|  |
| **Signature of client** |  | **Date** |  |
| **Signature of staff** |  | **Date** |  |