

TREATMENT PLANNING WORKSHEET

Please take your time to describe the problems you are currently facing, along with your personal goals, for the life areas listed below. You may have goals for only one or two of the life areas or you may find that you have goals for them all. When finished, turn this sheet in to your therapist; he/she will use the information you provided to develop a framework for your individualized treatment plan.

Problem Area 1: Mental Health & Substance Use

Goals for Mental Health & Substance Use

What have you tried in the past to fix your problems related to mental health and/or substance use? What has been the most helpful?

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Problem Area 2: Family & Relationships

Goals for Family & Relationships

What have you tried in the past to fix your problems related to family and relationships? What has been the most helpful?

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Problem Area 3: Physical Health

Goals for Physical Health

What have you tried in the past to fix your problems related to physical health? What has been the most helpful?

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Problem Area 4: Income, Employment, and/or Housing

Goals for Income, Employment, and/or Housing

What have you tried in the past to fix your problems related to income, employment, and/or housing? What has been the most helpful?

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Problem Area 5: Legal Issues (Probation or Parole)

Goals for Legal Issues

What have you tried in the past to fix your problems related to legal issues? What has been the most helpful?

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Problem Area 6: -----

Goals for -----

What have you tried in the past to fix your problems related to -----? What has been the most helpful?
