

Sample Treatment Plan

Patient Name: _____ Date of Birth: _____ dd / mm / yyyy

Diagnosis: _____ Treatment Plan Date: _____ dd / mm / yyyy

Next Review Date: _____ dd / mm / yyyy

GOAL 1

Goal 1 (Enter broad, long-term targets for overall health, well-being, or improvement in specific conditions.)

Objective 1.1:

Intervention:

Target Completion Date: _____ dd / mm / yyyy

Objective 1.2:

Intervention:

Target Completion Date: _____ dd / mm / yyyy

GOAL 2

Goal 2 (Enter broad, long-term targets for overall health, well-being, or improvement in specific conditions.)

Objective 2.1:

Intervention:

Target Completion Date: _____ dd / mm / yyyy

Objective 2.2:

Intervention:

Target Completion Date: _____ dd / mm / yyyy

PROGRESS NOTES

Date: _____ dd / mm / yyyy

Notes:

Date: _____ dd / mm / yyyy

Notes:

Date: _____ dd / mm / yyyy

Notes:

Healthcare Provider's Name: _____

Healthcare Provider's Signature:

Date: _____ dd / mm / yyyy