

Counseling Plan

CLIENT NAME:	CASE	#
SESSION DATE:	ATTE	NDEES:
TARGET PROBLEM(s)*:		
SPECIFIC COUNSELING GOAL(s)*		
SPECIFIC STRATEGIES AND INTERVENTIONS treatment coordination)*	: (Define in specific behavioral ter	ms and time frames, include homework assignments and
TREATMENT COORDINATION: (Check all appropria what transpired. * Use additional blank pages if more notes are need		ed to meet goals, then note when the meeting occurred and
1. Communicate with Primary Care Physician?		
2. Communicate with other treatment providers?		
3. Request records from previous counseling?		
4. Communicate with client's school or other agencies	es?	
5. Involve family members in treatment?		
6. Case consultation with EAP Consultant?		
Case consultation notes:		
My signature indicates I have participated in the developme interventions.	~ ~	d agree with the recommended goals and
I would like a copy of my Counseling Plan: YES	NO	
Client Signature	Dat	e
Clinician Signature	Credentials	Date