



# Treatment Plan

CLIENT: \_\_\_\_\_

DATE and TERM OF PLAN: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

High

Medium

Low RISK

Dimension 1

Dimension 2

Dimension 3

Dimension 4

Dimension 5

Dimension 6

Level of Care Recommendation: \_\_\_\_\_

Level of Care Referred to: \_\_\_\_\_

Notes:

Counselor Signature \_\_\_\_\_