[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** | |  | |