*Laura L. Barnhart, LMFT*
*8476 E. Speedway, Suite 207*
*Tucson, AZ 85710*
*(520) 490-8395*

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**Treatment Plan**

Please complete the highlighted areas. Under Goals/Objectives, please write one or two sentences that address the benefit you would like to receive from your counseling experience.

**Client Name:** ____________________________________________ **Date:** ________
**Diagnosis** (if applicable)**:** ___________________________ **Review Date:** __________

**Presenting Issue(s):**

_____ Anxiety
_____ Depression
_____ Adjustment
_____ Grief/Loss
_____ Trauma
_____ Relationships
_____ Family
_____ Substance Use/Abuse
_____ Coping Skills

_____ Body Image
_____ Eating Disorder
_____ General Occupation/Work
_____ Communication Skills
_____ Anger Management
_____ Stress Management
_____ Self Esteem/Identity
_____ Disability
_____ Other: ______________________

**Goals/Objectives:**

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

**Treatment Methods:** _____ Individual _____ Family _____ Couples
_____ Group _____ Other

***We have discussed and agree to work together to implement this counseling plan.***

______________________________________ ________________________________
**Client Signature Date** **Laura Barnhart, LMFT Date**

______________________________________
**Client Signature Date**

**Discharge Date:** _______________ **N/A** ___________________

**Aftercare Recommendations:**

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