



# *Treatment Plan*

ART THERAPY



TEMPLATES:  
**CLIENT DETAILS**  
**INITIAL PLAN**  
**UPDATE PLAN**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FIRST NAME

SURNAME

DATE OF BIRTH

GENDER

MEDICARE NO (REF)

ADDRESS

EMAIL (optional)

HOME PHONE

CAN LEAVE MESSAGE? ☐ YES ☐ NO

MOBILE

CAN LEAVE MESSAGE? ☐ YES ☐ NO

OCCUPATION

REFERRAL SOURCE

RELATIONSHIP STATUS (circle) Married Single Defacto Separated Divorced Widowed Other

CURRENT MEDICATIONS

CURRENT HEALTH ISSUES

PREVIOUS MENTAL HEALTH TREATMENT

## DO YOU EXPERIENCE ANY OF THE BELOW (circle)

Depression  
Work stress  
Sexual issues  
Grief  
Anger  
Panic Attacks  
Anxiety  
Stress  
Parenting issues  
Domestic violence  
Alcohol/substance abuse

Financial problems  
Suicidal thoughts  
Obsessive thoughts  
Lack of energy  
Eating problems  
Sleep problems  
Social withdrawal  
Irritable mood  
Self harm

## OTHER PEOPLE LIVING IN YOUR HOUSEHOLD

Name	Age	Relationship to You

## CONFIDENTIALITY

All information obtained during your treatment is kept confidential and secure, except when:

- (1) It is subpoenaed by a court;
- (2) Failure to disclose the information would place you or another person at risk of harm; or
- (3) Your prior approval has been obtained to:
  - (a) provide a written report to another professional or agency e.g. GP, lawyer; or
  - (b) Discuss the material with another person—e.g. a parent or employer.

OFFICE USE ONLY

Client Number:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FIRST NAME

SURNAME

## MAIN ISSUES:

## GOALS:

## PSYCHO-EDUCATION REQUIRED

## NOTES:

## RISK FACTORS FOR RECOVERY

## TREATMENT SCHEDULE

*(recommended appointments)*weekly ☐monthly ☐f/nightly ☐other ☐ \_\_\_\_\_DATE TO REVIEW  
TREATMENT PLAN

\_\_\_\_\_

OFFICE USE ONLY

Client Number:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FIRST NAME

SURNAME

## MAIN ISSUES:

## GOALS:

## PSYCHO-EDUCATION REQUIRED

## NOTES:

## RISK FACTORS FOR RECOVERY

## TREATMENT SCHEDULE

*(recommended appointments)*weekly ☐monthly ☐f/nightly ☐other ☐ \_\_\_\_\_DATE TO REVIEW  
TREATMENT PLAN

\_\_\_\_\_

OFFICE USE ONLY

Client Number: