

**Harmony Heals, Inc**

**TREATMENT PLAN:**

**NAME:**

**CASE #**

DATE:	PROBLEM:	GOALS:	PLAN:	SIGNATURE:
DATE & PROBLEM #:	BEHAVIORAL SYMPTOMS-BASED ON DIAGNOSIS.	SHORT TERM: (8-10) SESSIONS LONG TERM: (3 TO 6) MONTHS	INCLUDE FREQUENCY OF TREATMENT, TIME, FRAME AND METHODOLOGY	THERAPIST'S & SUPERVISOR'S SIGNATURE