

Top Level Counseling and Testing Center

Client Input for Treatment Planning

I understand that the planning of my therapy is a process that my therapist and I will do together. To help in making sure that my treatment plan includes everything that I feel is important for it to include, I will bring answers to the following questions to my next therapy session:

1. I came to therapy because of \_\_\_\_\_

\_\_\_\_\_

2. The things in my life that bother me the most right now are \_\_\_\_\_

\_\_\_\_\_

3. The results I am most hoping to get from this therapy are \_\_\_\_\_

\_\_\_\_\_

4. The greatest strengths and advantages I can use to achieve my goals for my therapy are \_\_\_\_\_

\_\_\_\_\_

5. The greatest challenges I will face in achieving my goals for my therapy are \_\_\_\_\_

\_\_\_\_\_

6. The other people who can help me most in achieving my goals are \_\_\_\_\_

\_\_\_\_\_

7. The results those people are most hoping I will get from this therapy are \_\_\_\_\_

\_\_\_\_\_

8. The best ways other people can help me achieve my goals for this therapy are \_\_\_\_\_

\_\_\_\_\_

9. Some methods that I have used successfully to solve problems in the past have been \_\_\_\_\_

\_\_\_\_\_

10. Some other things I want to talk about with my therapist are \_\_\_\_\_

\_\_\_\_\_

Client/Guardian's Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

Therapist Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_