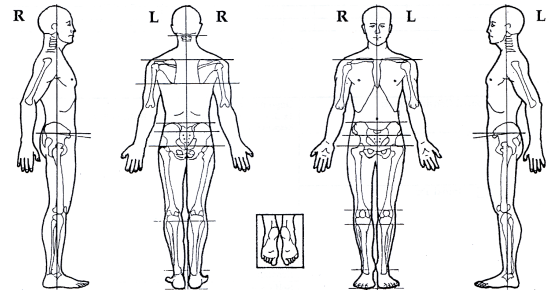


Date: _____

Client Name: _____

Therapist: _____ Length of Treatment: _____ Price: _____ Consent to Treat Assess

Goals: _____



Symptoms: _____

Observation/ Assessment: _____

Treatment: _____

Reassessment: _____

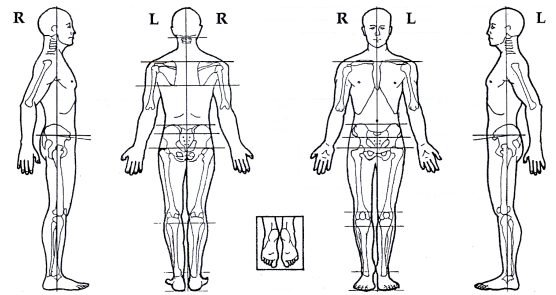
Ongoing Treatment Plan: _____

Self Care: _____

Date: _____

Therapist: _____ Length of Treatment: _____ Price: _____ Consent to Treat Assess

Goals: _____



Symptoms: _____

Observation/ Assessment: _____

Treatment: _____

Reassessment: _____

Ongoing Treatment Plan: _____

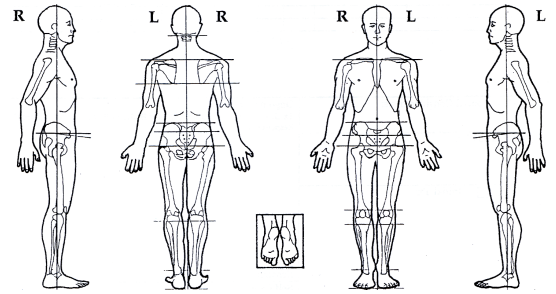
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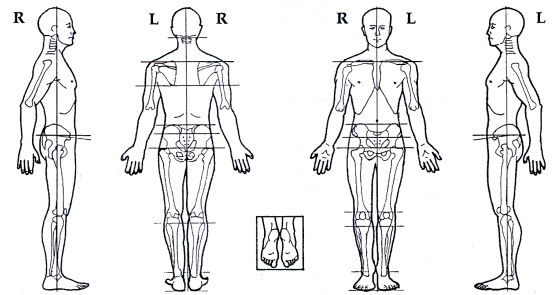
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