

Treatment plan

Initial / updated treatment plan

PATIENT

DATE OF SESSION

PROVIDER

MODALITY (E.G., CBT)

DIAGNOSIS (ICD-10)

CPT CODE

Diagnosis

Working DSM-5-TR / ICD-10-CM diagnosis with supporting features.

Goals

Long-term outcomes the treatment is working toward (broad, patient-centered).

Objectives

Specific, measurable, time-bound milestones that demonstrate progress toward each goal.

Interventions

The clinical methods, modalities, and homework that will be used.

Frequency & duration

Session cadence, expected length of treatment, review schedule.

Coordination of care

Other providers involved (prescriber, PCP, school, family) and how communication will work.

PROVIDER SIGNATURE

DATE SIGNED
