

**Kaleidoscope Family Solutions, Inc.**  
**Behavioral Health Treatment Plan**

Check (x)  initial  update

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Tx Plan Date: \_\_\_\_\_ Anticipated date of next Tx Plan: \_\_\_\_\_

**Client's Strengths and Treatment Barriers:** (identify the attributes that can positively assist in reaching the goals and identify barriers that will hinder the achievement of reaching these goals)

(+)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (-)  
 \_\_\_\_\_

**Overall Progress:** (if initial treatment plan, write in previous treatment success)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Goals:**  
**Problem #1:** \_\_\_\_\_  
**Long Term Goal:** \_\_\_\_\_  
**Short Term Goal:** \_\_\_\_\_

Action	Frequency (daily, weekly)	Responsible Party	Target Date

**Goals:**  
**Problem #2:** \_\_\_\_\_  
**Long Term Goal:** \_\_\_\_\_  
**Short Term Goal:** \_\_\_\_\_

Action	Frequency (daily, weekly)	Responsible Party	Target Date

**Goals:**

**Problem #3:** \_\_\_\_\_

**Long Term Goal:** \_\_\_\_\_

**Short Term Goal:** \_\_\_\_\_

Action	Frequency (daily, weekly)	Responsible Party	Target Date

**Summary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diagnosis:**

**Axis I:** \_\_\_\_\_

**Axis II:** \_\_\_\_\_

**Axis III:** \_\_\_\_\_

**Axis IV:** \_\_\_\_\_

\_\_\_\_\_

**Axis V:** \_\_\_\_\_

**Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff/Credentials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor/Credentials:** \_\_\_\_\_

**Date:** \_\_\_\_\_