

eXclusive Services

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eXclusive Services Input for Treatment Planning

I understand that the planning of my treatment 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 treatment session:

1. I came to treatment 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 treatment are _____

4. The greatest strengths and advantages I can use to achieve my goals for my treatment are _____

5. The greatest challenges I will face in achieving my goals for my treatment 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 treatment are _____

8. The best ways other people can help me achieve my goals for this treatment 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: _____

Counselor Name: _____

Date: ___/___/___

Signature: _____