

**Promise Place**

1401 Park Avenue  
New Bern, NC 28560  
252-636-3381

115 South Market Street  
Trenton, NC 28585  
252-448-1069

11097 Highway 55  
Grantsboro, NC 28529  
252-745-9439

**Treatment Plan**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Client ID \_\_\_\_\_

**Diagnosis:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Goals for treatment:**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

**Activities to achieve goals:**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_
- 6.) \_\_\_\_\_
- 7.) \_\_\_\_\_
- 8.) \_\_\_\_\_
- 9.) \_\_\_\_\_
- 10.) \_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian or Personal Representative

\_\_\_\_\_  
Date