

Client Name: \_\_\_\_\_

### What goals are most important for you to accomplish during our time together?

1.

2.

3.

4.

### Treatment Method:

Circle: *Individual or couples* counseling with Jason Fierstein, MA, LPC.

The date when this treatment plan will be reviewed will be:

\_\_\_ Yes, I am in agreement with the types and levels of services included in my service plan.

\_\_\_\_\_  
*Signature of Client/Parent of Minor*

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

\_\_\_\_\_  
*Printed Name*

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

\_\_\_\_\_  
*Jason Fierstein, MA, LPC*

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

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