

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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