# TREATMENT (WELLNESS) PLAN

Client Information	Professional Cou	nselo	r Informatio	n		
Insurance Number:		Name:				
Name:		Intake Date:				
DOB:		Treatment Plan D	ate:			
			Length of Service	:		
Other Agencies Invo	lved:	Plan to Coordina	ate Services:			
Medication(s):	Dose	•	Frequency:		Indication	s:
1. Area for Improve	ment:					
Long Term Goal:						
Short Term Goals:			Date	Pro	jected	Date
			Established:	Cor	mpletion	Achieved:
				Dat	te:	
Intervention/action	s:		1			
Intervention/action						
Intervention/action	s:					
Intervention/action	s:					
Assessment Tools:						
Assessment Tools:						
Assessment Tools:						
Assessment Tools:						
Review date:	Progres	s:				
Review date:	Progres					

2. Area for Improve	ment in Sleep Tir	me <sup>a</sup> :			
Long Term Goal:					
<b>Short Term Goals:</b>			Date	Projected	Date
			Established:	Completion	Achieved:
				Date:	
Intervention/action	s:				
Assessment Tools:					
Assessment Tools:					
Assessment Tools:					
Assessment Tools:					
Review date:	Progress:				
Review date:	Progress:				
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*Note.* <sup>a</sup>**Sleep Time:** When we give the brain the rest it needs, we consolidate learning and recover from the experiences of the day.

3. Area for Improvement in Physical Time <sup>b</sup> :			
Long Term Goal:			
Short Term Goals:	Date Established:	Projected Completion Date:	Date Achieved:

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Intervention/action	s:	1				
Intervention/actions:						
Intervention/actions:						
Intervention/action	Intervention/actions:					
Assessment Tools:						
Assessment Tools:	Assessment Tools:					
Assessment Tools:						
Assessment Tools:						
Review date:	Progress:					
Review date:	Progress:					

*Note.* bPhysical Time: When we move our bodies, aerobically if medically possible, we strengthen the brain in many ways.

4. Area for Improvement in Down Time	c:		
Long Term Goal:			
Short Term Goals:	Date Established:	Projected Completion Date:	Date Achieved:
Intervention/actions:			
Assessment Tools:			
Assessment Tools:			

Assessment Tools:	
Assessment Tools:	
Review date:	Progress:
Review date:	Progress:

*Note*. **Down Time**: When we are non-focused, without any specific goal, and let our mind wander or simply relax, we help the brain recharge.

5. Area for Improve	ment Play Timed:			
Long Term Goal:				
Short Term Goals:		Date Established:	Projected Completion Date:	Date Achieved:
Intervention/action				
Intervention/action				
Intervention/action	is:			
Intervention/action	is:			
<b>Assessment Tools:</b>				
<b>Assessment Tools:</b>				
Assessment Tools:				
Assessment Tools:				
Review date:	Progress:			
Review date:	Progress:			

*Note*. dPlay Time: When we allow ourselves to be spontaneous or creative, playfully enjoying novel experiences, we help make new connections in the brain.

6. Area for Improvement Connecting Time <sup>e</sup> :
Long Term Goal:

Short Term Goals:		Date Established:	Projected Completion Date:	Date Achieved:
Intervention/action	s:			
<b>Assessment Tools:</b>				
Review date:	Progress:			
Review date:	Progress:			

*Note*. **Connecting Time**: When we connect with other people, ideally in person, and when we take time to appreciate our connection to the natural world around us, we activate and reinforce the brain's relational circuitry.

7. Area for Improvement in Time Inf:			
Long Term Goal:			
			T
Short Term Goals:	Date	Projected	Date
	Established:	Completion	Achieved:
		Date:	

Intervention/actions:						
s:						
Intervention/actions:						
Intervention/actions:						
Assessment Tools:						
Assessment Tools:						
Assessment Tools:						
Assessment Tools:						
Progress:						
Review date: Progress:						
	s: s: Progress:	s: s: Progress:	s: s: Progress:			

*Note*. **Time In**: When we quietly reflect internally, focusing on sensations, images, feelings and thoughts, we help to better integrate the brain.

8. Area for Improvement in Focus Time <sup>g</sup>						
Long Term Goal:						
Short Term Goals:		Date Established:	Projected Completion Date:	Date Achieved:		
Intervention/actions:						
Intervention/actions:						
Intervention/actions:						
Intervention/actions:						
Assessment Tools:						
<b>Assessment Tools:</b>						
Assessment Tools:						
Assessment Tools:						
Review date:	Progress:					
Review date:	Progress:					

*Note*. **Focus Time**: When we closely focus on tasks in a goal-oriented way, we take on challenges that make deep connections in the brain.

Involved of Loved Ones:			
Services Needed beyond Scope of Organization:			

Client Name (Print)	Client Signature	Date
Provider Name (Print)	Provider Signature	Date

Created by Yoon Suh Moh, Ph.D., this treatment/wellness plan document was informed by the Healthy Mind Platter (Rock & Siegal, 2011) to help facilitate the wellness in individuals, families, and groups.