

NORTHLAND CLINIC

Patient Name (Please print) _____

Case Number (therapist use only) _____

PATIENT PORTION:

What problems or difficulties caused you to seek treatment at this time? _____

What do you hope to accomplish through therapy? Goals/Expectations: _____

What activities or interest do you hope to be more able to pursue after treatment? (for example: socialize more, be more physically active, etc.) _____

Patient Signature: _____

THERAPIST PORTION:

We have discussed the above goals and expectations and have incorporated them into the treatment plan. We have also agreed to address the following: _____

Therapist Signature: _____

Changes/Additions to Treatment Plan (if needed): _____

Date: _____

Patient Signature: _____

Therapist Signature: _____