



FAMILY CONNECTIONS, LLC

Supporting Opportunities for Growth & Development

Weekly Treatment Note

Client Name:

Present at Session:

Session Type: Individual / Family with Client / Family without Client / Other:

Physical Presentation: Well-groomed / Disheveled / Older than stated age / Younger than stated age

Participation: Fully / Moderately / Minimally *Notes:*

Safety Concerns:

Medical

Concerns:

Discharge Planning:

Treatment Plan Goals addressed in session:

Goal 1

Notes: _____

Goal 2

Notes: _____

Goal 3 Notes:

Clinician Session Review:

Plan:

Client:

Parent/Guardian:

Clinician:

Community Resource Supports:

Clinician Signature: _____

Date:

Kelly Waldron, LMHC

Time Stamp: