# Treatment Plan for _____

| | |
|---|---|
| **P** | _____<br>_____<br>_____ |
| **P** | _____<br>_____<br>_____ |
| **A** | _____<br>_____<br>_____ |
| **L** | _____<br>_____<br>_____ |
| **M** | _____<br>_____<br>_____ |

**Treatment Plan:**

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Client signature: _____

Therapist signature: _____

Date/s: _____

| | |
|---|---|
| Legend | **P** = Purpose **P** = Pain **A** = Allergies/skin conditions **L** = Lifestyle **M** = Medical history/meds |