

Brief Case Formulation

Therapist name _____ Date initiated _____ Total # of sessions _____

Dates Covered: _____ Modality: ___ Individual: ___ Couple: ___ Family: ___ Group: ___

I. Client(s): List additional family or group members on the back of this form.

Pseudo Name Sex Age Race/Ethnicity Occup/Grade Other

Pseudo Name	Sex	Age	Race/Ethnicity	Occup/Grade	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

II. Presenting Problem: (Include current legal problems if any)

III. Current Functioning: Include medical, psychiatric conditions.

IV. Legal/Ethical Issues Related to Treatment Issues:

V. Counselor questions/concerns:

Diagnosis:

_____:

_____:

_____:

VI. Treatment Plan:

Assessment Strategies:

Treatment Issue/Goal, Strategies, & Estimated Length of Treatment: Include Crisis Intervention Issues:

Applicable Resources:

VII. Prognosis: _____

VIII. Expected Length of Treatment: _____

Supervisor's Signature

Date