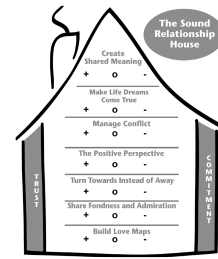


Client ID#: \_\_\_\_\_ Date: \_\_\_\_\_

## Gottman Treatment Plan

### Areas of Strength



### Notable History:

(abuse, trauma, affairs, family origin, relationship)

### Co-morbidities

### Presenting Problems:

### Preliminary Treatment Goals: