



the mandel center

**The Mandel Center of Arizona, LLC**  
Alyssa Mandel, LCSW  
8120 East Cactus Road • Suite 310  
Scottsdale, AZ 85260  
Office: 480.734.1199  
Fax: 480.551.3363  
contact@mandelcenter.com  
[www.mandelcenter.com](http://www.mandelcenter.com)

**Client name:** \_\_\_\_\_

Counseling Treatment Plan

Problem Area	Goal	Plan/Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This plan will be reviewed and revised at least annually. I support this plan of counseling.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALYSSA MANDEL, LCSW \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Treatment Plan Review

Revised Problem Area	Revised Goal	Plan/Intervention
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This plan will be reviewed as needed and at least annually. I support this plan.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALYSSA MANDEL, LCSW \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Discharge Plan

_____
_____
_____
_____
_____

I support this discharge plan.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALYSSA MANDEL, LCSW \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_