Associates In Mental Health Administrative Office *(360) 715 2488 Phone*
1116 Key St Ste 204 Bellingham, WA 98225 *(360) 671 1842 Fax*

Treatment Goals

Client Name: _____**Date**:_____/_____/_____

I. Please list issues to discuss in therapy which are of primary concern to you at present:

II: Please list any specific goals or changes you would like to accomplish: