

Occupational Therapy Treatment Plan Agreement Form

Client Information

Client Name

Date of Birth

Address

Phone Number

Diagnosis / Reason for Referral

Treatment Plan

Goals

Interventions / Strategies

Session Frequency & Duration

Expected Duration of Treatment

Informed Consent

I have discussed and agree to the proposed occupational therapy treatment plan. I understand the potential benefits, risks, and alternatives. I know I may withdraw consent at any time.

Client/Guardian Signature

Date

Therapist Signature

Date