

Treatment Notes

Student's Name: _____

A) Name of Treatment:

B) What the Treatment Entails:

C) Types of Qualified Professionals

D) Research Findings on Treatment Efficacy and Effectiveness

E) Limitations and/or Side Effects

F) Financial Costs

Team Member's Treatment Recommendations

Student's Name: _____

1) First Choice: _____

Main Reasons:

2) Second Choice: _____

Main Reasons:

3) Third Choice: _____

Main Reasons:

4) Fourth Choice: _____

Main Reasons:

5) Fifth Choice: _____

Main Reasons:

Home Team's Treatment Recommendations

Team Members' Names: _____, _____,
 _____, _____, _____

1) First Choice: _____

Main Reasons:

2) Second Choice: _____

Main Reasons:

3) Third Choice: _____

Main Reasons:

4) Fourth Choice: _____

Main Reasons:

5) Fifth Choice: _____

Main Reasons:

Team Member's Top Treatment Recommendations

Student's Name: _____

<i>New Information</i>	<i>First Choice for Treatment and Reasons for Decision</i>
<i>If Mo also had depression</i>	1 st Choice: _____ Reasons: _____
<i>If Mo lived in poverty</i>	1 st Choice: _____ Reasons: _____
<i>If Mo were 23 years old</i>	1 st Choice: _____ Reasons: _____
<i>If Mo were a woman</i>	1 st Choice: _____ Reasons: _____
<i>If Mo were from an Asian nation</i>	1 st Choice: _____ Reasons: _____
<i>If Mo were from an Arab ethnic background</i>	1 st Choice: _____ Reasons: _____
<i>If Mo were Latino</i>	1 st Choice: _____ Reasons: _____

Home Team's Top Treatment Recommendations

Team Members' Names: _____, _____,
 _____, _____, _____

<i>New Information</i>	<i>First Choice for Treatment and Reasons for Decision</i>
<i>If Mo also had depression</i>	1 st Choice: _____ Reasons: _____
<i>If Mo lived in poverty</i>	1 st Choice: _____ Reasons: _____
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<i>If Mo were from an Asian nation</i>	1 st Choice: _____ Reasons: _____
<i>If Mo were from an Arab ethnic background</i>	1 st Choice: _____ Reasons: _____
<i>If Mo were Latino</i>	1 st Choice: _____ Reasons: _____