

Client Name:

Client ID:

Initial Treatment Plan

CLIENT INFORMATION

Name:		Primary Counselor:	
Client Id #:		Admission Date:	
DSM-5 Diagnosis(es):			
Date of Initial Treatment Plan:			
Was a physical exam completed? <input type="checkbox"/> If yes, provide the date of physical (must be completed within last 12 months) _____ <input type="checkbox"/> If no, include the goal of obtaining a physical exam under the appropriate problem area below (must remain a goal until completed)			
Assessments/Forms Reviewed: <input type="checkbox"/> ASI or YAI <input type="checkbox"/> ASAM LOC Recommendation <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Health Questionnaire <input type="checkbox"/> Other: _____ _____		If client's preferred language is not English, were linguistically appropriate services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____	
What does the client want to obtain from treatment (use client's own words):			
Client Strengths/Resources/Abilities/Interests (to be used to reach treatment plan goals):			

PROBLEM #1

Select related ASAM Dimension(s): 1. Acute Intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to Change; 5. Relapse, Continued Use, or Continued Problem Potential; 6. Recovery Environment

Problem Statement(s):		
Goals (Specific & Quantifiable):	Target Date(s):	Resolution Date(s):
Action Steps (Identify if steps will be taken by the provider and/or client to accomplish identified goals):	Target Date(s):	Resolution Date(s):

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PROBLEM #2

Select related ASAM Dimension(s): 1. Acute Intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to Change; 5. Relapse, Continued Use, or Continued Problem Potential; 6. Recovery Environment

Problem Statement(s):

Goals (Specific & Quantifiable):

Target Date(s):

Resolution Date(s):

Action Steps (Identify if steps will be taken by the provider and/or client to accomplish identified goals):

Target Date(s):

Resolution Date(s):

PROBLEM #3

Select related ASAM Dimension(s): 1. Acute Intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to Change; 5. Relapse, Continued Use, or Continued Problem Potential; 6. Recovery Environment

Problem Statement(s):

Goals (Specific & Quantifiable):

Target Date(s):

Resolution Date(s):

Action Steps (Identify if steps will be taken by the provider and/or client to accomplish identified goals):

Target Date(s):

Resolution Date(s):

**PROPOSED TYPE OF INTERVENTION/MODALITY FOR SUCCESSFUL GOAL COMPLETION
(Include proposed frequency and duration)**

- Individual Counseling _____ x a week for _____
- Community Support Group _____ x a week for _____
- Withdrawal Management Services _____ x a week for _____
- Intensive Outpatient Treatment (IOT) _____ x a week for _____
- Residential Treatment (indicate ASAM level. Duration to be established via ongoing re-assessment/Authorization process): _____
- OTP/NTP _____ x a week for _____
- Group Counseling _____ x a week for _____
- Case management _____ x a week for _____
- Collateral Services _____ x a week for _____
- Recovery Services _____ x a week for _____

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Does this treatment plan include the Treatment Plan Addendum form for additional problems? Yes No
If yes, how many total problems are documented in this entire treatment plan? _____

TREATMENT PLAN SIGNATURES

Client was offered a copy of the plan: YES
 NO (if no, document why): _____

Client Signature:		Date:
If client refuses or is unavailable to sign the treatment plan, please explain:		
Counselor/Therapist Name:	Counselor/Therapist Signature:	Date:
*MD Name (If applicable):	*MD Signature (If applicable):	Date:

**Per Title 22, MD signature is required on a Treatment Plan within 15 days for outpatient services billed to DMC. For residential programs not currently billing DMC, MD signature is not required.*