

Client Name:

Client ID:

**Treatment Plan Addendum**

(Note: Form to be attached to Initial or Update Treatment Plan)

What type of Treatment Plan is this Addendum attached to?  Initial Treatment Plan  Updated Treatment Plan

Date of this Current Treatment Plan: \_\_\_\_\_

**PROBLEM #**

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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