

Client ID #:	Client Name:
Initial Tx Plan Date: 5/1/16	Current Treatment Plan: 5/1/16
	Expiration Date: 5/2/16

DSM Diagnosis: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. **Narrative** Click here to enter text **Mild ICD 10**
Diagnosis: Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text

Type of Service

Individual 1 X Wk
 Group 1 X Wk
 Comm Supp Grp 3 X Wk
 UA/Breathalyzer Wk

Dimensions

1. Acute Intox/Withdraw Potential	3. Emot/Behavioral, Cognitive Condit/Complications	5. Relapse/Continued Use/Continued Problem Potential
2. Biomed Conditions/Complications	4. Readiness to Change	6. Recovery Environment

Date	Dim	Severity 0-1-2-3-4	Prob #	Problem Statement	Goal	S or L Term	Action Steps	T or C Date
5/1/16	1	0	1	Click here to enter text.	Click here to enter text.	L	1. 2. 3. 4.	5/1/16
				Choose an item				
5/2/16	1	0	1	Click here to enter text	Click here to enter text.	L	1. 2. 3. 4.	5/1/16
				Preparation				
5/1/16	1	0	1	Click here to enter text.	Click here to enter text.	L	1. 2. 3. 4.	5/1/16
				Choose an item.				

Commented [LS1]:

Legend: S = Short-Term vs L = Long-Term; T = Target Date; C = Complete

This client is appropriate for substance abuse treatment meeting medical necessity of the diagnosis. I agree with the goals of treatment.

Primary Counselor Printed Name, Credentials & #	Signature	5/1/16 DATE	ClinSup Printed Name, Credentials & #	Signature	5/1/16 DATE
Client Printed Name	Signature	5/1/16 DATE	LPHA Printed Name, License & #	Signature	5/1/16 DATE

I have received a copy I do not want a copy