CLIENT INFORMATION

CLIENT NAME: ____________________________  CLIENT ID#: ____________________________

DATE OF ADMISSION: ________________  PROJECTED DISCHARGE DATE: ________________

DATE OF TREATMENT PLAN: ________________  UPDATE TREATMENT PLAN DUE: ________________

ASSIGNED COUNSELOR: ____________________________________________________________

CLIENT STATEMENT

My signature at the end of this plan indicates that I have provided input for and read this treatment plan, and I have discussed with my counselor its applicability to my treatment.

TYPE AND FREQUENCY OF COUNSELING

Has there been a change in type and frequency of counseling?  YES  NO

TYPE: ____________________________  FREQUENCY: ____________________________

TYPE: ____________________________  FREQUENCY: ____________________________

TYPE: ____________________________  FREQUENCY: ____________________________

PROGRESS SINCE/WITH PREVIOUS PLAN

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
SHORT TERM GOAL #1:

TASK:
DUE DATE: __________________ DATE COMPLETED: __________________

TASK:
DUE DATE: __________________ DATE COMPLETED: __________________

SHORT TERM GOAL #2:

TASK:
DUE DATE: __________________ DATE COMPLETED: __________________

TASK:
DUE DATE: __________________ DATE COMPLETED: __________________

SHORT TERM GOAL #3:

TASK:
DUE DATE: __________________ DATE COMPLETED: __________________

TASK:
DUE DATE: __________________ DATE COMPLETED: __________________

COUNSELOR SIGNATURE DATE SIGNED

COUNSELOR CREDENTIALS

COUNSELOR ASSISTANT SIGNATURE DATE SIGNED

COUNSELOR CREDENTIALS

CLIENT SIGNATURE DATE SIGNED