

TREATMENT PLAN UPDATE

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

TREATMENT PLAN UPDATE

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** _____