Treatment Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** Click or tap here to enter text. | | **DOB:** Click or tap here to enter text. | **EMR#:** Click or tap here to enter text. |
| **Date of Assessment:** Click or tap here to enter text. | **Date of Intake:** Click or tap here to enter text. | **Date of Initial Treatment Plan:** Click or tap here to enter text. | **Dates of Past Reviews:** Click or tap here to enter text. |
| **Referral From:** Click or tap here to enter text. | **Status Reports:** Click or tap here to enter text. | **Signed Release(s) of Confidential Information:** Click or tap here to enter text. | |

**Today’s Date:** Click or tap here to enter text.

# **Dimension 1: Withdrawal**

**Risk Rating at Assessment:** Click or tap here to enter text. **Risk Rating today:** Click or tap here to enter text.

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Dimension 2: Biomedical Conditions and Complications**

**Risk Rating at Assessment:** Click or tap here to enter text. **Risk Rating today:** Click or tap here to enter text.

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Dimension 3: Emotional, Behavioral, or Cognitive Conditions or Complications**

**Risk Rating at Assessment:** Click or tap here to enter text. **Risk Rating today:** Click or tap here to enter text.

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Dimension 4: Readiness to Change**

**Risk Rating at Assessment:** Click or tap here to enter text. **Risk Rating today:** Click or tap here to enter text.

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Dimension 5: Relapse Potential**

**Risk Rating at Assessment:** Click or tap here to enter text. **Risk Rating today:** Click or tap here to enter text.

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Dimension 6: Recovery/Living Environment**

**Risk Rating at Assessment:** Click or tap here to enter text. **Risk Rating today:** Click or tap here to enter text.

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

Gambling treatment for those with gambling disorders is generally considered complete when:

1. The client scores less than 3 on the NODS or SOGS Gambling screens
2. ASAM risk ratings are 0, or scoring a 1 in Dimensions 2 or 3 can be addressed sufficiently with continuing care under their Primary Care Physician or Mental Health provider.
3. The client has completed their goals outlined on their treatment plan, or continued goal work (such as paying off debt with regular payments) can be continued without the need for treatment.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_