



Treatment Plan Review

Client Name: _____ Date: _____

Admission date: _____ Projected D/C date: _____

Involvement:

___ active and engaged ___ passive ___ resistant ___ hostile ___ none

___ minimal due to detox ___ too early to tell

Reflections: # _____ what reasons: _____

Reminders: # _____ what reasons: _____

Discharge Plans:

___ home ___ family or friend ___ long-term placement ___ to be determined

___ incarcerated

Has a family session been held? ___ Yes ___ No ___ Refused

Last Family Session: _____

Is a family session scheduled? ___ Yes ___ No ___ Refused

Does the client need medication education? ___ Yes ___ No ___ N/A

Clinical Assignment:

Therapist Notes:

Client signature

Date

Staff Signature

Date