

HCH Addiction Treatment Plan Diaanosis and Formulation of Problems

Diagnosis:

Axis I: _____, _____, _____

Axis II: _____

Axis III: _____

Axis IV: Problems with or related to: (check all those that apply) *state actual problem on list below*

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Primary support group | <input type="checkbox"/> Occupation | <input type="checkbox"/> Access to health care |
| <input type="checkbox"/> Social Environment | <input type="checkbox"/> Housing | <input type="checkbox"/> Legal System |
| <input type="checkbox"/> Education | <input type="checkbox"/> Economic | <input type="checkbox"/> Other |

Axis V: Current GAF _____

Number	I = Initial Assessment R = Case Review	Addiction Problem List	Date	Date/Status
1.				
3.				
4.				
5.				
6.				
7.				

<p><u>Date</u> - Date problem is identified</p> <p><u>Date/Status</u> - Date of status change</p> <p><u>I</u> = Identified in Initial Assessment</p> <p><u>R</u> = Identified in Case Review</p>	<p><u>Status Changes: RTX</u> = Resolved by Treatment</p> <p><u>N/RTX</u> = Not resolved by Treatment</p> <p><u>CANC</u> = Cancelled (removed from treatment plan) (Progress note must state why)</p> <p><u>DEF</u> = Deferred to long term status</p>
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ALL NOTATIONS OF STATUS CHANGE MUST BE DATED IN "DATE/STATUS" COLUMN

Client Name:	HCH Number:
Date of Treatment Plan:	Admit Date:

**HCH Treatment Plan
Program Goals**

Problem: _____

Goal: _____

Objective: _____

Completion Date: _____

Monitoring Staff: _____

Objective: _____

Completion Date: _____

Monitoring Staff: _____

Objective: _____

Completion Date: _____

Monitoring Staff: _____

Client Name: _____

HCH Number: _____

Date of Treatment Plan: _____

Admit Date: _____

HCH Treatment Plan

Problem # _____

Description:

Statement of Goal

Target Date

Date/Status

Objectives

Target Date

Date/Status

1.		
2.		
3.		
4.		

Status of Goal or Objectives can be:

- 1) Attained
- 2) Cancelled
- 3) Revised

Number each **Goal and each Objective**.
 For each objective include in parentheses the person responsible for measuring or verifying completion, e.g., (Counselor), (Nurse), etc.

Client Name:

HCH Number:

Date of Treatment Plan:

Admit Date: