

Treatment Plan Instructions

The first section of the form requests patient and provider information. When completing a treatment plan, *please do not use identifying information below the first section*. **Please complete all fields on the form – incomplete forms may be returned for completion.**

Diagnosis: Please be as concise as possible and complete all five axes. Pay particular attention to noting diagnoses which give rise to Presenting Symptoms, identified later on the form as the Reason for Treatment. Axis II diagnoses may assist in understanding a lack of progress or need for additional interventions.

GAF/Functional Impairments: Please provide an overall assessment of the patient's current level of functioning. Indicate any areas of functional impairment (e.g. job/school, relationships/family) which would be addressed in the Treatment Goals section.

First date of service: Indicate the initial date of treatment with the patient, even if several episodes of treatment have occurred since that date. **Number of sessions to date:** Please note the total number of sessions with the patient since the initial date of treatment.

Type of plan: Please use the following definitions: *Short term focused* means that resolution is likely with 6 or fewer months of treatment. *Long term care* means that resolution is likely to occur after a year or more of treatment. *Chronic care* means that treatment is not likely to terminate.

Reason for Treatment/Presenting Symptoms: Indicate the changes in the patient's life which caused him/her to seek treatment. Note the degree to which symptoms are impacting the patient's ability to function. The diagnosis should be supported by the symptoms listed. **This section should always be completed so that progress in treatment is reviewed relative to the original Reason for Treatment/Presenting Symptoms.**

Treatment Goals: Please be specific in stating clear, measurable goals, focused on addressing impairments in functioning. The goals of treatment should be defined in terms of patient achievements needed to return to a stable baseline level of functioning.

Termination Criteria: Indicate the events or progress needed to complete treatment. Address such issues as the patient's reliance/dependence on treatment, post-discharge follow-up arrangements and options discussed in case of crisis. Note whether the patient is in agreement with the stated termination criteria.

Estimated Number of Sessions to Termination of Current Episode of Treatment: Please indicate an estimate of the total number of additional sessions needed to complete the current treatment episode.