Treatment Planning

Client #	Client Name			DSM CODE

Review previous Treatment Plan & Progress Notes, if any. Carry forward all problems. Use original date on old problems. Use Index Number for each problem/goal/ plan. 1 = Drug Use; 2 = Medical; 3 = Legal; 4 = Psychosocial; 5 = Educational; 6 = Employment/Vocational; 7 = Financial 8 = Discharge

INDEX #	Date Identified	Statement of problem	Statement of Goal	Target Date	Date Closed
					Counseling Frequency

Counseling Frequency per week1 Group ☐ Anger management Class ☐