

TREATMENT CARE PLAN PROBLEM LIST

JOHN B. SMITH
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ASI Number = 1
04/29/1999

According to the ASI interview, the following are possible problem statements that might be addressed on the treatment care plan:

**FICTITIOUS
CLIENT**

MEDICAL

The client has a chronic medical problem that interferes with his/her life.

EMPLOYMENT

ALCOHOL/DRUG

The client reports several or more episodes of drinking alcohol to intoxication in the past month.

The client reports regular, lifetime use of alcohol "to intoxication "

The client reports using heroin in the past month.

The client reports lifetime, regular use of heroin.

The client reports using Methadone in the past month.

The client reports lifetime, regular use of sedatives, hypnotics, or tranquilizers.

The client reports using cocaine in the past month.

The client reports lifetime, regular use of cocaine.

The client reports using marijuana in the past month.

The client reports lifetime, regular use of marijuana.

The client reports simultaneous use of multiple substances in the past month.

The client reports lifetime, regular use of multiple substances.

The client reports having problems with alcohol in the past month.

The client is troubled by alcohol problems and is interested in treatment.

The client reports drug problems in the past month.

The client is troubled by drug problems and is interested in treatment.

LEGAL

This admission was prompted or suggested by someone in the criminal justice system.

The client is awaiting charges, trial, or sentencing.

The client has been detained or incarcerated within the past 30 days.

FAMILY

The client is not satisfied with how he/she spends his/her free time.

The client reports having serious problems with family members in the past month.

The client is troubled by family problems and is interested in treatment.

PSYCHIATRIC

The client has had significant problems with depression in the past month.

The client has had trouble controlling violent behavior in the past month.

The client has experienced psychological or emotional problems in the past month.

The client is troubled by psychological or emotional problems and is interested in treatment.

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TREATMENT CARE PLAN FORM

Client Name: _____

Client ID # _____

Date: _____

Initial Treatment Care Plan

Problem Area:

Problem Statement:

Goal:

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Objectives:

Interventions:

Who: _____ Review Date: _____ Status: Completed Not Completed