

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
INDIVIDUAL TREATMENT PLAN**

PATIENT NAME:	PATIENT ID #	ADMISSION DATE:
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AXIS	AXIS
I:	II:
I:	III: <i>(if applicable)</i>
I: Axis I co-occurring mental health disorder <i>(if applicable)</i>	IV: <i>(if applicable)</i>
I: Axis I co-occurring mental health disorder <i>(if applicable)</i>	V: <i>(if applicable)</i>

NAME and SIGNATURE OF RESPONSIBLE CLINICAL STAFF MEMBER:

By signing, I attest that I have participated with the treatment staff in the development of this treatment plan:

DATE:

SIGNATURE OF PATIENT: _____

MULTI-DISCIPLINARY TEAM APPROVAL

DATE:

SIGNATURE OF ASSIGNED CLINICIAN: _____

DATE:

SIGNATURE OF CLINICAL SUPERVISOR: _____

NOTE: The individual treatment plan must be established within 30 days of admission. The individual treatment plan is established upon review and approval by the Multi-Disciplinary Team, if applicable.

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
INDIVIDUAL TREATMENT PLAN (CONT'D)**

PATIENT NAME:	PATIENT ID #
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Identified Functional Area – Gambling:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

Identified Functional Area – SUICIDAL / HOMICIDAL MENTAL HEALTH / EMOTIONAL HEALTH:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
INDIVIDUAL TREATMENT PLAN (CONT'D)**

PATIENT NAME:	PATIENT ID #
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Identified Functional Area – FINANCIAL STATUS:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

Identified Functional Area – LEGAL INVOLVEMENT:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
INDIVIDUAL TREATMENT PLAN (CONT'D)**

PATIENT NAME:		PATIENT ID#
Identified Functional Area – VOCATIONAL / EDUCATION / EMPLOYMENT:		
Goal:		
Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

Identified Functional Area – FAMILY:	(Include any identified needs based on the results of the communicable disease risk assessment):
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Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
INDIVIDUAL TREATMENT PLAN (CONT'D)**

PATIENT NAME:	PATIENT ID#
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Identified Functional Area – HOUSING:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

Identified Functional Area – SOCIAL / LEISURE / RECOVERY:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
INDIVIDUAL TREATMENT PLAN (CONT'D)**

PATIENT NAME:	PATIENT ID#
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Identified Functional Area – ACTIVITIES OF DAILY LIVING:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

Identified Functional Area – MEDICAL / HEALTH / HIV and AIDS; TB, HEPATITIS, OTHER COMMUNICABLE DISEASE RISK ASSESSMENT:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
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PATIENT NAME:	PATIENT ID#
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Identified Functional Area – CHEMICAL USE, ABUSE AND DEPENDENCY HISTORY, INCLUDING TOBACCO:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

Identified Functional Area – other:

Goal:

Objectives	Target Date	Integrated Program of Therapies/Activities and Schedules for Provision of Services

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
INDIVIDUAL TREATMENT PLAN (CONT'D)**

PATIENT NAME:		PATIENT ID#	
Description and Nature of Additional Service/Referral:		Date/Time of Referral	
Results of Referral:			
Procedures for Ongoing Coordination of Care:			
Description and Nature of Additional Service/Referral:		Date/Time of Referral	
Results of Referral:			
Procedures for Ongoing Coordination of Care:			
Description and Nature of Additional Service/Referral:		Date/Time of Referral	
Results of Referral:			
Procedures for Ongoing Coordination of Care:			