

Substance Abuse Treatment Plan

Client name:	Date:
Gender:	Date of birth:
Contact information:	
Medical history:	
Presenting problem	
Primary substance(s) used:	
Describe the problem:	
Duration of the problem:	
Previous help sought:	
Treatment goals	
Long-term goals:	
Short-term goals:	

Interventions *(Describe the intervention, its implementation plan, and timeline.)*

Relapse prevention strategies:

Family therapy:

Behavioral therapy sessions:

Support groups:

Coordination of care	
Mental health professional involvement:	
Additional resources:	
Follow up plan	
Check-in frequency:	
Progress monitoring: <i>(Document the data collection plan, frequency, analysis methods, and treatment plan adjustments.)</i>	
Healthcare professional information	
Name:	Signature:
License number:	Contact number: