

Treatment Plan for Substance Abuse

Patient Information				
First Name	Last Name	Date of Birth	Patient Identifier (If known)	
Gender	Preferred Pronouns	Email	Contact Number	
Diagnosis				
Problem	Indicators	ICD-10 Code (If Applicable)	Note	
Medication(s)				
Medication Name	Dose	Frequency	Date Started	Indication
Goals				
Short Term Goals	Objectives	Interventions + Responsible Person(s)	Target Date for Completion	
Notes				

Patient Information			
First Name	Last Name	Date of Birth	Patient Identifier
Goals (Continued)			
Long Term Goals	Objectives	Interventions + Responsible Person(s)	Target Date for Completion
Notes			
Plan for Coordination of Care			
Plan for Review of Treatment Process			
Additional Notes			
Patient Name		Signature	Date
Patient's Representative (if patient unable to sign) Name		Signature	Date
Provider Name	Designation	Signature	Date