

**Treatment Plan for In-Home Family Treatment (H2011)**

<b>DSM IV Diagnosis</b> Reviewed Diagnosis: <input type="checkbox"/> New <input type="checkbox"/> No Change <input type="checkbox"/> Change (Attach Diagnosis Change Form)	<b>Plan Date:</b>
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Axis	Diagnosis Code	Diagnosis	Plan Update Due:
<b>I</b>			
<b>II</b>			
<b>III</b>			

**Axis IV: Problems With (Check all that apply)**

<input type="checkbox"/> Primary Sup. Group:	<input type="checkbox"/> Housing:
<input type="checkbox"/> Social Environment:	<input type="checkbox"/> Economic:
<input type="checkbox"/> Education:	<input type="checkbox"/> Access/Health Care:
<input type="checkbox"/> Job/Occupation:	<input type="checkbox"/> Legal/Crime:
<input type="checkbox"/> Other:	

<b>Axis V:</b>	<b>Current GAF:</b>	<b>Highest GAF Last yr.:</b>	<b>Expected GAF at Discharge:</b>
<b>Prognosis:</b> <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			

**Recommended Treatment Regimen: (Services Authorized)**

Treatment Modality	Frequency	Duration	Responsible Person/Title
In-Home Family Treatment – H2011			

**Treatment Goal/Objective 1:**

**Treatment Goal/Objective 2:**

**Treatment Goal/Objective 3:**

**Treatment Goal/Objective 4:**

I have had an opportunity to provide input to this plan and I agree with it. <b>Consumer Signature:</b>	<b>Date:</b>  _____	<b>Guardian Signature (if applicable):</b>	<b>Date:</b>  _____
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<b>LMHP:</b>	<b>Title:</b>	<b>Date:</b>  _____
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In-Home Family Treatment Plan (sc 1\_27\_2007).doc

I have reviewed this case and concur that the diagnostic classification(s), goal(s), objectives(s), therapeutic interventions, services, frequency, responsible persons(s) and duration are accurate and services(ordered within all pages of this Plan is (are) clinically/medically appropriate and necessary: I hereby order the consumer noted to receive the services documented in this treatment Plan.

**Physician:** \_\_\_\_\_ **Dr. William Klontz**      **Date:** \_\_\_\_\_