

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

|               |              |                 |
|---------------|--------------|-----------------|
| PATIENT NAME: | PATIENT ID # | ADMISSION DATE: |
|---------------|--------------|-----------------|

|  |                                       |
|--|---------------------------------------|
| <b>AXIS</b>  | <b>AXIS</b>                           |
| <b>I:</b>  | <b>II:</b>                            |
| <b>I:</b>  | <b>III:</b><br><i>(if applicable)</i> |
| <b>I:</b><br>Axis I co-occurring mental health disorder <i>(if applicable)</i> | <b>IV:</b><br><i>(if applicable)</i>  |
| <b>I:</b><br>Axis I co-occurring mental health disorder <i>(if applicable)</i> | <b>V:</b><br><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 # |
|---------------|--------------|

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 # |
|---------------|--------------|

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): |
|--------------------------------------|--|

|       |
|-------|
| 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 – 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# |
|---------------|-------------|

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  
INDIVIDUAL TREATMENT PLAN (CONT'D)**

|               |             |
|---------------|-------------|
| PATIENT NAME: | PATIENT ID# |
|---------------|-------------|

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:           |  |                       |  |