



**STC-1 MENTAL HEALTH
TREATMENT PLAN**

Patient Identification

MULTIDISCIPLINARY TREATMENT PLAN DEVELOPMENT

72 Hour MTP Development Subsequent Review **DATE:** **TIME:**

Treatment Plan Reviewed and/or Revised as Below

Social Assessment Performed: (see clinical documentation)

REVISED CLINICAL DIAGNOSIS

No Changes in Initial Clinical Diagnosis/Diagnoses

- | | |
|----|-----------------------------------------------------|
| 1) | <input type="checkbox"/> Treat during hospital stay |
| 2) | <input type="checkbox"/> Treat during hospital stay |
| 3) | <input type="checkbox"/> Treat during hospital stay |
| 4) | <input type="checkbox"/> Treat during hospital stay |

REVISED PROBLEMS/NEEDS LIST TO BE ADDRESSED IN HOSPITAL

No Changes in Initial Problems/Need List or Assessments

- 1)
- 2)
- 3)

SHORT TERM PATIENT GOALS (RELATING TO THE PROBLEMS/NEEDS IDENTIFIED)

- | | | |
|----|------------|----------|
| 1) | Frequency: | Measure: |
| 2) | Frequency: | Measure: |
| 3) | Frequency: | Measure: |
| 4) | Frequency: | Measure: |

LONG TERM GOALS TO ADDRESS PROBLEMS/NEEDS (BY DISCIPLINE)

- | | | | |
|------------------------|----|------------|----------|
| MEDICAL STAFF | 1) | Frequency: | Measure: |
| | 2) | Frequency: | Measure: |
| | 3) | Frequency: | Measure: |
| NURSING | 1) | Frequency: | Measure: |
| | 2) | Frequency: | Measure: |
| | 3) | Frequency: | Measure: |
| | 4) | Frequency: | Measure: |
| SOCIAL SERVICES | 1) | Frequency: | Measure: |
| | 2) | Frequency: | Measure: |
| | 3) | Frequency: | Measure: |

OTHER SERVICES

- | | | | |
|--------------------|----|------------|----------|
| Discipline: | 1) | Frequency: | Measure: |
| Discipline: | 2) | Frequency: | Measure: |

DISCHARGE PLANNING

Clinical Criteria for D/C

Recommended Referrals

This plan has been discussed with the patient who agrees with the plan objects to the plan for the following reasons:

Patient/Parent/Guardian _____

Medical Signature: _____ Nursing Signature: _____

Social Work/Case Manager Signature: _____ Other Signature/Discipline: _____