PART 822-4 CHEMICAL DEPENDENCE OUTPATIENT SERVICES
Individual Treatment/Recovery Plan Review

Patient Name:	Patient ID #:	Admission Date:

Summary of Patient's Progress and Revisions in Each of the Specified Treatment Plan Goals

Chemical Dependence/Abuse:
Summary of Progress: New Goals/Objectives:
Physical Health:
Summary of Progress: New Goals/Objectives:
Mental Health:
Summary of Progress: New Goals/Objectives:
Vocational/Educational/Employment:
Summary of Progress: New Goals/Objectives:
Social/Leisure:
Summary of Progress: New Goals/Objectives:

PART 822 CHEMICAL DEPENDENCE OUTPATIENT SERVICES
Individual Treatment Plan Review (CONT'D)

Patient Name:	**Patient ID#:**

Family:

Summary of Progress:

New Goals/Objectives:

Legal:

Summary of Progress:

New Goals/Objectives:

Gambling/Other:

Summary of Progress:

New Goals/Objectives

Schedule of Services	
Individual:	X'S PER WEEK
Group:	X'S PER WEEK
Group:	X'S PER WEEK
Group:	X'S PER WEEK
Group:	X'S PER WEEK
IOP:	X'S PER WEEK

Names of All Reviewing Individuals	

By signing, I attest that I have been consulted regarding this treatment plan review and any revisions made.

SIGNATURE OF PATIENT	**DATE**
SIGNATURE OF RESPONSIBLE CLINICAL STAFF MEMBER	**DATE**
SIGNATURE OF MEMBER OF THE MULTI-DISCIPLINARY TEAM	**DATE**