MED MANAGEMENT TREATMENT PLAN for DEPRESSION **Page _____ of _____**

Treatment Problem # ____:❑depressed mood, ❑sleep disturbance, ❑appetite disturbance, ❑social withdrawal,_____ ❑impaired interpersonal relationship, ❑poor anger management, ❑ineffective coping with emotions,❑ problems at____ work/school, ❑inability to perform ADLs, __❑other_____

As evidenced by:❑inability to enjoy self,❑weight loss/gain, ❑low energy/fatigue, ❑insomnia, ❑feelings of sadness, ❑feelings of worthlessness, ❑hopelessness, ❑feelings of helplessness, ❑suicidal thoughts, ❑excessive crying spells, ❑angry outbursts, ❑decreased concentration, ❑excessive or inappropriate guilt, ❑indecisiveness, ❑low self esteem,

Goal: To control symptoms with psychotropic medication, avoid hospitalization, & reach and maintain optimum level of functioning._____

Objectives: 1. I will meet with the psychiatrist/ARNP as scheduled so s/he can assess my mental status, prescribe_____ medications as clinically indicated, & monitor my response to treatment_____

_____Target date: _____ Date achieved: _____

2. I will review the medication education materials provided to me by the psychiatrist and nurses regarding the importance of taking medications, side effects, and medical contraindications._____

_____ Target date: _____ Date achieved: _____

3. I will report any side effects or adverse reactions to prescribed medication to the Medication Management nurses/ARNP/Psychiatrist._____Target date: _____ Date achieved: _____

4. I will take my medications as prescribed every day.__ _____

_____Target date: _____ Date achieved: _____

5. I will continue mental health &/or substance abuse counseling, if the psychiatrist/ARNP recommends I do so.____ _____Target date: _____ Date achieved: _____

Interventions:

Service	Frequency	Length of service	Duration	Person Responsible
Psychiatric Evaluation	___2___ time(s) per year	_____60___minutes	6 months	MD/ARNP
Medication Management	_____ time(s) per _____	_____ minutes		MD/ARNP
Clinic Visit	_____ time(s) per _____	_____ minutes		Nurse
Review of Records	_____ time(s) per _____	_____ minutes		MD/ARNP
Drug Screen	_____ time(s) per _____	_____ minutes		
	_____ time(s) per _____	_____ minutes		

Measurable discharge criteria from this goal: _____

_____

❑Increase in GAF/CGAS to _____ ❑ ASAM criteria for discharge met

❑Significant decrease in symptoms ❑ 30 days substance free

The above objectives will be observed by a therapist, MD, ARNP, team member, parent/guardian, or teacher.

Client Name	CID#

(Revised 09-01-10)