PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
Individual Treatment Plan Review

Patient Name:	Patient ID #:	Admission Date:	Date of Treatment Plan:

NOTE

Identify each goal in the appropriate functional area below and provide a detailed summary of the patient's progress or lack of progress; each goal summary should identify if the goal and objectives are achieved, continued, or discontinued; every fourth such ninety calendar day review shall include an update of the comprehensive evaluation.

Functional Areas

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

GAMBLING:
SUICIDAL / HOMICIDAL /MENTAL HEALTH / EMOTIONAL HEALTH:
FINANCIAL STATUS:
LEGAL INVOLVEMENT:
VOCATIONAL / EDUCATIONAL / EMPLOYMENT:
FAMILY:

PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
Individual Treatment Plan Review (CONT'D)

Patient Name & ID#

HOUSING:
SOCIAL / LEISURE / RECOVERY:
ACTIVITIES OF DAILY LIVING:
MEDICAL / HEALTH / HIV and AIDS; TB, HEPATITIS, OTHER COMMUNICABLE DISEASE RISK ASSESSMENT:
CHEMICAL USE, ABUSE, AND DEPENDENCE HISTORY INCLUDING TOBACCO:
OTHER:

Names of All Reviewing Individuals

By signing, I attest that I have consulted with the patient regarding this treatment plan review and any revisions	
SIGNATURE OF RESPONSIBLE CLINICAL STAFF MEMBER	**DATE**
SIGNATURE OF CLINICAL SUPERVISOR	**DATE**

NOTE

The individual treatment plan review is established when it is thoroughly reviewed and revised by the responsible clinical staff member in consultation with the patient and reviewed, signed, and dated by a member of the multi-disciplinary team.