



INPATIENT MENTAL HEALTH TREATMENT PLAN

State Form 46317 (R2 / 6-01)

Indiana Department of Correction

CONFIDENTIAL

Plan date	Admission date	Please check one: <input type="checkbox"/> Initial Plan <input type="checkbox"/> Review / Update
Reason for admission or continued stay:		
Strengths:		
Limitations / weaknesses:		
Major problems as stated by patient:		
Diagnosis (DSM IV - R):		
Axis I		
Axis II	Axis IV	
Axis III	Axis V	
DISCHARGE PLAN		
A. Goals to achieve prior to discharge:		
B. Estimated date of discharge:		
C. Prognosis:		
D. Aftercare needs:		
Patient participated in plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature of patient
PLAN PREPARED BY:		
SIGNATURE	DEPARTMENT / SERVICE	

