**Treatment Plan Format**

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| --- | --- |
| **For Current Status—Rate Problems: 1= Worst, 10= Resolved**  (Think in terms of daily functioning--- 1= very low functioning, 10= high functioning.  Note: When completing the discharge summary, use the same problems identified here.) | |
| Identified Problem 1 |  |
| Current Status  (1-10) |  |
| Goal: |  |
| Objective 1: |  |
| Objective 2: |  |
| Strategies: |  |

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| **For Current Status—Rate Problems: 1= Worst, 10= Resolved**  (Think in terms of daily functioning--- 1= very low functioning, 10= high functioning.  Note: When completing the discharge summary, use the same problems identified here.) | |
| Identified Problem 2 |  |
| Current Status  (1-10) |  |
| Goal: |  |
| Objective 1: |  |
| Objective 2: |  |
| Strategies: |  |