**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: |  |