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| Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Admit Date: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  Initial Plan:  Update:  Next Updater Due: \_\_\_\_\_\_ Diagnosis/DSM Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| *Index of Problems/Barriers: 1) Alcohol and Other Drug Use 2) Physical Health 3) Employment/Education*  *4) Financial 5) Legal Status 6) Housing 7) Family 8) Social/Community 9) Mental Health* | | | | | | | |
| **Index #** | **Date ID’d** | **Goal** | **Strengths** | | **Barriers/Problem Statement** | | |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |
| **Objectives** | | | **Interventions** | | | **Target**  **Due Date** | **Completion**  **Date** |
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| Click here to enter text. | | | | **Client Action Steps:**  Click here to enter text. | | **Staff Action Steps**:  Click here to enter text. | | Click here to enter a date. | Click here to enter a date. |

Signatures

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Primary Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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| Comments: Supervisor/Medical Director:  Click here to enter text. |