

BEHAVIORAL HEALTH TREATMENT PLAN

(See DD Form 2005 for Privacy Act Statement)

AXIS I	Patient strengths	Tx plan review	Date of review	Patient's initials	Provider's initials
AXIS II		90 days			
AXIS III		180 days			
AXIS IV	Barriers to treatment	270 days			
AXIS V Current GAF = _____		360 days			
Ending GAF = _____					

Goal:

Date	Identified problem and learning needs	Objective	Intervention / Frequency	Res. staff	Target date	Date completed

Are there any needs that have been identified that will not be addressed on this treatment plan? Yes No *(If "Yes," describe.)*

Discharge criteria

Patient's printed name	Signature	Social security number	Rank	Date
Provider's printed name or stamp	Signature	Date	Page ___ of ___ Pages	