

Harmony Heals, Inc



Case# _____

TREATMENT PLAN

Client Name: _____

Intake Date: _____

Today's Date: _____

1.) Presenting Problem (as stated by client and observed by therapist): _____

2.) Diagnosis:

Axis I: Clinical Disorders & Other Conditions That May Be a Focus of Clinical Attention:

Diagnostic Code:

DSM-IV Name:

Axis II: Personality Disorders & Mental Retardation:

Diagnostic Code:

DSM-IV Name:

Axis III: General Medical Conditions:

ICD-9-CM Code:

ICD-9-CM Name:

Axis IV: Psychosocial and Environmental Problems:

Check:

_____ Problems with primary support group. Specify: _____

_____ Problems related to the social environment. Specify: _____

_____ Educational problems. Specify: _____

_____ Occupational problems. Specify: _____

_____ Housing problems. Specify: _____

_____ Economic problems. Specify: _____

_____ Problems with access to health care services. Specify: _____

_____ Problems related to interaction with legal system/crime. Specify: _____

_____ Other psychosocial and environmental problems. Specify: _____

Axis V: Global Assessment of Functioning Scale:

Score: _____ Time Frame: _____