

TREATMENT PLAN REVIEW

Client Name: _____ Date of Intake: _____ TPR Date: _____

Check One

_____ Treatment Plan Review _____ Treatment placed on hold Why: _____

_____ Discharge summary (___ Treatment completed, ___ Client dropped out of treatment, ___ Client transferred/referred)

Number of Sessions: _____ 90791 _____ 90832/30" _____ 90834 /45" _____ 90837/60"
_____ 90847 _____ 90846 _____ 90849 _____ 90853 _____ 90839/60"
_____ +90840 each addl 30" _____ Other _____ Other

State or presenting problem: _____

Progress toward treatment goals/objectives _____

Client's response to treatment _____

Counselor's recommendation for client: _____

Diagnostic Impressions at Intake:

Primary diagnosis as focus of treatment: _____
Personality Factors: _____
Medical Factors: _____
Psychosocial factors (V-codes) _____
Defense mechanisms: _____

Diagnostic Impressions at Treatment Plan Review or Discharge (Circle which applies):

Primary diagnosis as focus of treatment: _____
Personality Factors: _____
Medical Factors: _____
Psychosocial factors (V-codes) _____
Defense mechanisms: _____

Client/Guardian Signature _____ Date _____

Therapist Signature _____ Date _____

