

WILSON COUNSELING, LLC
CARE PLAN/TREATMENT PLAN

Date

Demographics

Recipient:

Targeted Case Manager:

DOB:

Therapist:

MCO/Ins provider #:

Agency: Wilson Counseling, LLC

DSM V Assessment

Diagnosis: ()
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See attached Clinical Assessment and Diagnosis

Referrals or related activities

List referrals and/or resource linkage and specify identified need or goal addressed

Treatment Goals/Objectives

Goal 1:

Objective	Service	Responsible Member	Duration
	Individual Therapy		3 months
	Collateral/ Family Therapy		3 months
	Case Management		3 months
			3 months

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Goal 2:

Objective	Service	Responsible Member	Duration
	Individual Therapy		3 months
	Collateral/ Family Therapy		3 months
	Case Management		3 months
			3 months

Goal 3:

Objective	Service	Responsible Member	Duration
	Individual Therapy		3 months
	Collateral/ Family Therapy		3 months
	Case Management		3 months
			3 months

Goal 3: Case Management-

Objective	Service	Responsible Member	Duration
	Case Management		3 months
	Case Management		3 months

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Next Team Meeting/Evaluation of Care Plan:

DISCHARGE PLAN

Projected discharge date:

Behavioral indicators child/family is ready for discharge:

Goal for level of care/support for child/family at discharge:

CRISIS ACTION PLAN

Symptoms / behaviors that indicate a crisis:

Strategies to Manage Crisis: Strategies should progress through a continuum of care from natural support to inpatient services if applicable.

Strategy One:

Strategy Two:

Strategy Three:

Strategy Four: Contact therapist or case manager at

Strategy Five: Request emergency service team meeting to devise plan of action.

Strategy Six: CCSU/psychiatric evaluation for placement. Call 911 if threat to self or others.

SIGNATURES:

Parent/Legal Guardian

Date

Child or Youth

Date

Behavioral Health Professional

Date

Targeted Case Manager

Date

Other

Date

Other

Date