

Substance Abuse Treatment Plan

Patient Information

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Patient Identifier (if known)</u>
<u>Gender</u>	<u>Preferred Pronouns</u>	<u>Email</u>	<u>Contact Number</u>

Diagnosis

Problem	Indicators	ICD-10 Code (optional)	Note

Medication (s)

Medication Name	Dose	Frequency	Date Started	Indication

Goals

Short Term Goals	Objectives	Interventions + Responsible Person(s)	Target Date for Completion

Notes:

Sample Substance Abuse Treatment Plan Form

Sabine Zange



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