

Client Log # \_\_\_\_\_ 90 DAY TREATMENT PLAN

CLIENT NAME: \_\_\_\_\_ GENDER: \_ \_ ADMIT DATE: \_ \_ / \_ \_ / \_ \_  
TREATMENT PLAN DATE: \_ \_ / \_ \_ / \_ \_

Index Categories # : (1) Drug use and/or withdrawal potential (2) Biomedical Conditions and Complications (physical health) (3) Emotional/Behavioral Conditions (Mental Health)  
(4) Treatment Acceptance/Resistance (5) Relapse Continued Use Potential (6) Recovery Environment (Family, Social, Educational, Vocational)

Date Problem Identified	I nd. C at. #	Statement of Problem	Statement of Goal	L/T Or S/T	Action Steps	Target Date	Date Resolved

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CLIENT SIGNATURE DATE COUNSELOR SIGNATURE DATE

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SUPERVISOR SIGNATURE DATE