Significant Other Treatment Plan

|  |  |  |
| --- | --- | --- |
| **Client Name:** Click or tap here to enter text. | **DOB:** Click or tap here to enter text. | **EMR#:** Click or tap here to enter text. |
| **Date of Assessment:** Click or tap here to enter text. | **Date of Intake:** Click or tap here to enter text. | **Date of Initial Treatment Plan:** Click or tap here to enter text. | **Dates of Past Reviews:** Click or tap here to enter text. |
| **NODS-FMR Score:** Click or tap here to enter text. | **Signed Release(s) of Confidential Information:** Click or tap here to enter text. |

**Today’s Date:** Click or tap here to enter text.

# **Section 1: Gambling History**

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Section 2: Biomedical Conditions and Complications**

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Section 3: Emotional, Behavioral, or Cognitive Conditions or Complications**

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Section 4: Motivations**

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

# **Section 5: Environment, Support, and Gambling Impacts**

**PROBLEMS**: Click or tap here to enter text.

**GOALS**: Click or tap here to enter text.

**OBJECTIVES**: Click or tap here to enter text.

**REVIEW**: Click or tap here to enter text.

Treatment for someone affected by the gambling of another is generally considered complete when:

1. The client has completed their goals outlined on their treatment plan, or continued goal work can be continued without the need for treatment.
2. Other: Click or tap here to enter text.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_