Treatment Plan

Client Name:		DOB:	EMR#:
Date of Assessment:	Date of Intake:	Date of Initial Treatment Plan:	Dates of Past Reviews:
Referral From:	Status Reports:	Signed Release(s) of Confidential Information:	

Today's Date:

Dimension 1: Withdrawal

Risk Rating at Assessment: **Risk Rating today:**

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

Dimension 2: Biomedical Conditions and Complications

Risk Rating at Assessment: **Risk Rating today:**

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

Dimension 3: Emotional, Behavioral, or Cognitive Conditions or Complications

Risk Rating at Assessment: **Risk Rating today:**

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

Dimension 4: Readiness to Change

Risk Rating at Assessment: **Risk Rating today:**

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

Dimension 5: Relapse Potential

Risk Rating at Assessment: **Risk Rating today:**

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

Dimension 6: Recovery/Living Environment

Risk Rating at Assessment: **Risk Rating today:**

 PROBLEMS:

Gambling Treatment Plan
This tool is intended for clinical use by healthcare professionals.

GOALS:

OBJECTIVES:

REVIEW:

Gambling treatment for those with gambling disorders is generally considered complete when:

1) The client scores less than 3 on the NODS or SOGS Gambling screens
2) ASAM risk ratings are 0, or scoring a 1 in Dimensions 2 or 3 can be addressed sufficiently with continuing care under their Primary Care Physician or Mental Health provider.
3) The client has completed their goals outlined on their treatment plan, or continued goal work (such as paying off debt with regular payments) can be continued without the need for treatment.

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Gambling Treatment Plan   Evergreen Council on Problem Gambling
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