



Significant Other Treatment Plan

Client Name:		DOB:	EMR#:
Date of Assessment:	Date of Intake:	Date of Initial Treatment Plan:	Dates of Past Reviews:
NODS-FMR Score:	Signed Release(s) of Confidential Information:		

Today's Date:

Section 1: Gambling History

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

Section 2: Biomedical Conditions and Complications

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

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

PROBLEMS:

GOALS:



OBJECTIVES:

REVIEW:

Section 4: Motivations

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

Section 5: Environment, Support, and Gambling Impacts

PROBLEMS:

GOALS:

OBJECTIVES:

REVIEW:

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:

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____