

**ASI Treatment Plan**  
(ASI/DENS Format)

**Client Problem Plan – Alcohol & Drug**

**Client Name: John Smith**

**Counselor Name: Demo**

Date	Problem Statement				
Goals					
D/C Criteria	Objectives				
	<i>What will the client say or do? Under what circumstances? How often will he/she say or do this?</i>				
Interventions			Service Codes	Target Date	Resolution Date
<i>What will the counselor/staff do to assist client? Under what circumstances?</i>					
Participation in Treatment Planning Process					
Participation by Others in the Treatment Planning Process					
Note: All participants may not have participated in every area.					
<b>Client Signature/Date</b>					
<b>Counselor Signature/Date</b>					

**Service Codes**  
 I=Individual      G=Group      F=Family      C=Couples      P=Psychoeducational      H=Homework  
 R=Reading      M=Media      V=Videotape      A=Audiotape      R=Referral

**ASI Treatment Plan**  
(ASI/DENS Format)

**Client Problem Plan – Medical**

**Client Name: John Smith**

**Counselor Name: Demo**

Date	Problem Statement			
Goals				
D/C Criteria	Objectives			
	<i>What will the client say or do? Under what circumstances? How often will he/she say or do this?</i>			
Interventions		Service Codes	Target Date	Resolution Date
<i>What will the counselor/staff do to assist client? Under what circumstances?</i>				
Participation in Treatment Planning Process				
Participation by Others in the Treatment Planning Process				
Note: All participants may not have participated in every area.				
<b>Client Signature/Date</b>				
<b>Counselor Signature/Date</b>				

**Service Codes**  
 I=Individual      G=Group      F=Family      C=Couples      P=Psychoeducational      H=Homework  
 R=Reading      M=Media      V=Videotape      A=Audiotape      R=Referral

**ASI Treatment Plan**  
(ASI/DENS Format)

**Client Problem Plan – Family**

**Client Name: John Smith**

**Counselor Name: Demo**

Date	Problem Statement			
Goals				
D/C Criteria	Objectives <i>What will the client say or do? Under what circumstances? How often will he/she say or do this?</i>			
Interventions <i>What will the counselor/staff do to assist client? Under what circumstances?</i>		Service Codes	Target Date	Resolution Date
Participation in Treatment Planning Process				
Participation by Others in the Treatment Planning Process				
Note: All participants may not have participated in every area.				
<b>Client Signature/Date</b>				
<b>Counselor Signature/Date</b>				

**Service Codes**  
 I=Individual    G=Group    F=Family    C=Couples    P=Psychoeducational    H=Homework  
 R=Reading    M=Media    V=Videotape    A=Audiotape    R=Referral