

EXAMPLE ASI Treatment Plan – Medical Domain

(ASI/DENS Format)

Client Name: John Smith

Counselor Name: Demo

Date	Problem Statement			
06/01/2005	John reports having a chronic medical problem that requires ongoing care.			
06/01/2005	John reports having been diagnosed with a chronic pain problem.			
06/01/2005	John reports having been diagnosed with an infectious illness or sexually transmitted disease and requires assistance obtaining medical services.			
Goals				
Gain control of John's chronic medical problems, decreasing impact on addiction.				
Ensure John is obtaining and taking necessary medications.				
Reduce the impact of John's medical problems on his recovery and relapse potential.				
D/C Criteria	Objectives			
	What will the client say or do? Under what circumstances? How often will he/she say or do this?			
Required	John will obtain an assessment of his medical problems from the staff physician assistant.			
Required	John will understand his chronic pain diagnosis and maintain his health by complying with treatment recommendations.			
Optional	John will visit a medical center/clinic for assessment and treatment of his medical problems.			
Interventions		Service Codes	Target Date	Resolution Date
What will the counselor/staff do to assist client? Under what circumstances?				
Staff will arrange medical services at treatment program.		I	06/05/05	06/10/05
Staff will call a medical service provider/clinic with John to make an appointment for necessary medical services.		I	06/05/05	06/15/05
Staff will review list of 3 things John can do constructively to address his medical problems.		G	06/10/05	
Participation in Treatment Planning Process				
John reports that he did contribute to this plan, but it is unclear if he agrees with it.				
John reports that he is aware of the content of this plan.				
Participation by Others in the Treatment Planning Process				
Family members were invited and participated in the treatment planning process.				
Family members agree with this plan.				
Significant others were invited to participate in the treatment planning process but were unable to do so.				

Note: All participants may not have participated in every area.

Client Signature/Date
Counselor Signature/Date

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