

Treatment Plan Input Form

Name _____ Date _____ Client # _____

Note to Client: This form is provided to you in order to obtain **your** input into your treatment plan. Your case managers will be evaluating you and your treatment needs based on the information that you provided. This form is your opportunity to do your own self-evaluation on the same categories. Your case manager will have assessment(s) that will guide the treatment plan process.

Instructions: Please describe your own preferences or ideas of what you feel you need in the following categories (if the category does not apply, please put "N/A").

Education, Employment, and Financial Situation _____

Drug and/or Alcohol _____

Family/ Relationships _____

Friendship/Recreation and Leisure _____

Attitudes/Behaviors _____

Mental Health _____

Parenting _____

Religious/Spiritual _____

Overall, is there anything else you feel you need that is not covered in the above areas that is related to your recovery?

Your signature: _____

Thank you. Your input is appreciated and will be taken into consideration in the development of your treatment plan. You are to bring this completed form with you to your treatment plan meeting.

Place a value on how important is it for you to change and how confident are you that you will change.

AREA	n/a	How important is it that you change?	How confident are you that you will change?
Education, Employment, and Financial Situation		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Drug and /or Alcohol		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Family/Relationships		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Friendship/Recreation/Leisure		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Attitudes/Behaviors		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Mental Health		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Parenting		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Religious/Spiritual		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
Other: _____		0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10