

**Jetson Counseling**

636 St. Anne St.  
Suite 202  
Rapid City, SD 57701  
(605) 718-5500

**Treatment Plan**

**I. IDENTIFYING INFORMATION:**                      **Voluntary:** \_\_\_\_\_      **Involuntary:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Attending Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

**Treatment Plan Date:** \_\_\_\_\_      **Next Treatment Plan Review Date:** \_\_\_\_\_

**Developed By:** David Jetson & \_\_\_\_\_

**II. INITIAL COMPLAINT:**

**III. Diagnosis**

Axis I                      Axis II

Axis III

Axis IV

Axis V                      GAF: \_\_\_\_\_

**IV. Progress Made to Date In Mental Health Treatment:**

**V. Plan Objectives and Goals:** (Ex.: Address Emotional, Psychological, Family, Relationship, Social, Environment, Physical & Spiritual)

**VI. Services Necessary to Accomplish Goals:**

**VII. Therapies Necessary to Accomplish Goals:**

**VIII. Activities Necessary to Accomplish Goals:**

**IX. Treatment Goal to Improve Mental Condition In Order That Mental Health Services Are No Longer Necessary:**

**X. Recommended Treatment:**

<b>Individual Counseling</b>	<b>Frequency:</b> _____	<b>Duration:</b> _____
<b>Group Counseling</b>	<b>Frequency:</b> _____	<b>Duration:</b> _____
<b>Medication Review</b>	<b>Frequency:</b> _____	<b>Duration:</b> _____

David Jetson, MS, LPC-MH, QMHP / \_\_\_\_\_

Reviewers Signature

\_\_\_\_\_ / \_\_\_\_\_  
Date Signed