

## INDIVIDUAL TREATMENT PLAN

**Problem/Need #:**

**Date Problem/Need Identified:**

**Problem/Need:**

**Pertinent Signs/Symptoms:**

**Nursing Diagnosis/RelatedTo:**

**Prognosis:**       **Good**                       **Fair**                       **Guarded**

Date	Measurable Objective - Desired Outcome/Short Term Goal <i>(Long Term Goal only if Indicated)</i>	Treatment Modalities/ Interventions/Approaches/ Staff Assigned/Rationale/Frequency	D/C Criteria		Target Date	Resolv ed Date
			Y	N		

ITP Initiated By:

Date:

Stamp Plate