

INDIVIDUALIZED RECOVERY PLAN

Central State Hospital

INDIVIDUAL'S NAME:		ID NUMBER:	
ADMISSION DATE:		DATE OF CONTINUOUS ADMISSION:	
RPTC DATE :	<input type="checkbox"/> 15-Day <input type="checkbox"/> Monthly	<input type="checkbox"/> 30-Day <input type="checkbox"/> Quarterly	<input type="checkbox"/> 45-Day <input type="checkbox"/> Annual
			<input type="checkbox"/> 60-Day <input type="checkbox"/> Transfer

LEGAL STATUS: _____

CASE FORMULATION:

Pertinent History
Predisposing Factors
Precipitating Factors
Perpetuating Factors
Previous Treatments and Response
Present Status

PREFERRED METHOD OF DE-ESCALATION: _____

DIAGNOSIS: _____

Axis I		Date of Diagnosis:
Axis II		Date of Diagnosis:
Axis III		
Other Medical Conditions		
Axis IV		
Axis V	Current GAF:	Last Quarterly GAF:

INDIVIDUAL'S LIFE GOALS: _____

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DISCHARGE PROCESS:

REASON FOR ADMISSION:

DISCHARGE CRITERIA FOR ANTICIPATED PLACEMENT:

Anticipated Placement:
 Discharge Criteria:

DISCHARGE PLAN:

DISCHARGE BARRIERS:

PROJECTED TARGET DATE FOR ACHIEVING GOALS & OBJECTIVES:

(Delete or add blank rows in each section as needed)

GOAL # 1		DATE INITIATED:

OBJECTIVES:

OBJ. #	OBJECTIVE DESCRIPTION	NEXT REVIEW DATE

INTERVENTIONS:

INT. #	INTERVENTION DESCRIPTION

(Delete or add blank rows in each section as needed)

GOAL # 2		DATE INITIATED:

OBJECTIVES:

OBJ. #	OBJECTIVE DESCRIPTION	NEXT REVIEW DATE

INTERVENTIONS:

INT. #	INTERVENTION DESCRIPTION

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(Delete or add blank rows in each section as needed)

GOAL # 3		DATE INITIATED:
OBJECTIVES:		
OBJ. #	OBJECTIVE DESCRIPTION	NEXT REVIEW DATE
INTERVENTIONS:		
INT. #	INTERVENTION DESCRIPTION	

(Delete or add blank rows in each section as needed)

GOAL # 4		DATE INITIATED:
OBJECTIVES:		
OBJ. #	OBJECTIVE DESCRIPTION	NEXT REVIEW DATE
INTERVENTIONS:		
INT. #	INTERVENTION DESCRIPTION	

(Delete or add blank rows in each section as needed)

GOAL # 5		DATE INITIATED:
OBJECTIVES:		
OBJ. #	OBJECTIVE DESCRIPTION	NEXT REVIEW DATE
INTERVENTIONS:		
INT. #	INTERVENTION DESCRIPTION	

(Delete or add blank rows in each section as needed)

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GOAL # 6		DATE INITIATED:
OBJECTIVES:		
OBJ. #	OBJECTIVE DESCRIPTION	NEXT REVIEW DATE
INTERVENTIONS:		
INT. #	INTERVENTION DESCRIPTION	

(Delete or add blank rows in each section as needed)

GOAL # 7		DATE INITIATED:
OBJECTIVES:		
OBJ. #	OBJECTIVE DESCRIPTION	NEXT REVIEW DATE
INTERVENTIONS:		
INT. #	INTERVENTION DESCRIPTION	

DEFERRED ISSUES:	

SOCIAL SUPPORT:		
Relationship to Individual in Recovery	Contact Person	Telephone

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