Charles M. Iker, LCSW, ACSW, BCD



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INITIAL TREATMENT PLAN

PATIENT NAME:
PATIENT ID #:
DATE OF BIRTH:
DIA CNOCTIC INFORMATION
DIAGNOSTIC INFORMATION
DSM IV
AVIC T-
AXIS I:
AVIC II.
AXIS II:
AXIS III:
AVIC IV: CAE SCODE
AXIS IV: GAF SCORE

Long term Goals/Criteria for Discharge:		
		
Area of Patient Strengths/Area of Concern:		
Thea of Faderic Strengths, Thea of Concerns		
	 	
The treatment plan has been reviewed with the patient and the patient u treatment.	nderstands the goals of his/her	
Practitionar Cignatura	Datos	
Practitioner Signature:	Date:	
OPTIONAL:		
OFTIONAL.		
I have read and understand the treatment plan and agree with the contents.		
Practitioner Signature:	Date:	