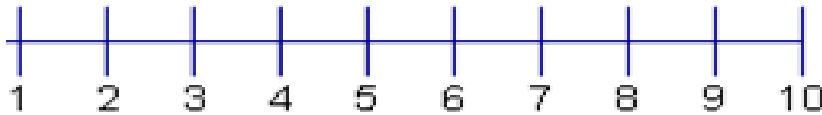


SUMMIT Treatment Plan

DATE	GOAL	OBJECTIVE	BARRIERS ADDRESSED	STRENGTHS	ACTION STEPS	TIME FRAME	DISPOSITION

M.A.T.

Interested in being abstinent?



How ready are you to change your relationship with alcohol/drugs?



SUMMIT Staff Counselor

Patient Signature

Date

