

Client Name:

Client ID:

**Treatment Plan Addendum**

(Note: Form to be attached to Initial or Update Treatment Plan)

What type of Treatment Plan is this Addendum attached to? ☐ Initial Treatment Plan ☐ Updated Treatment Plan

Date of this Current Treatment Plan: \_\_\_\_\_

**PROBLEM #**

Select related ASAM Dimension(s): ☐ 1. Acute Intoxication and/or Withdrawal Potential; ☐ 2. Biomedical Conditions and Complications; ☐ 3. Emotional, Behavioral or Cognitive Conditions/Complications; ☐ 4. Readiness to Change; ☐ 5. Relapse, Continued Use, or Continued Problem Potential; ☐ 6. Recovery Environment

**Problem Statement(s):**

**Goals** (Specific & Quantifiable):

**Target Date(s):**

**Resolution Date(s):**

**Action Steps** (Identify if steps will be taken by the provider and/or client to accomplish identified goals):

**Target Date(s):**

**Resolution Date(s):**

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