

# CARE PLAN ADH

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

"OTR & COTA have met to review treatment goals"

Need(s)/Problem(s)	Services to be Provided	When (Day(s) of week)	By Whom (Discipline)	How (Specifics)	Client Choices/ Preferences	Time Limited, Measurable outcomes (90 days)	90 Day Review Code

*90 Day Review Codes: RRO = Reviewed, Relevant, Ongoing;*

*A = Adjusted;*

*△SNP = Changed, see new problem;*

*DCP = Discontinued Problem*

