

ROSECRANCE MENTAL HEALTH TREATMENT PLAN

Client: Dulberg, Paul

Guardian:

QMHP: Claire Mendenhall, LPC

ID#: 75964

Physician/LPHA:

Case Manager: Claire Mendenhall, LPC

DSM: I. 296.32 Major Depression, Recurrent,
 II. V71.09, no diagnosis
 III. Per client, Chronic Pain both arms and neck creating spasm down back and left leg
 IV. Economic, Community Integration, Social Interaction, Legal. Education, Social Support, Occupation
 V. 47

STRENGTHS

Considered very tolerant but this is decreasing in past few years - tired, engaged in treatment, opening about prior trauma/acute stress. Creative, can come up with creative solutions. Survivor – not willing to give up.

I acknowledge by my signature that the process for developing, reviewing and modifying the content of my ITP has been explained to me. I further acknowledge that I have participated in the development of my plan. I have been offered a copy of and/or have direct access to this ITP. I have been asked if I want a family member or another individual(s) involved in my treatment planning.

☐ Yes, a family member or others were involved
 I have been offered a copy of my Treatment Plan: X ☐ accepted ☐ declined
 x No, I do not wish family or anyone else's involvement

_____ Client Signature	_____ Date	_____ Guardian Signature (if applicable)	_____ Date
_____ LPHA/Physician Signature	_____ Date	_____ QMHP Signature	_____ Date
_____ Case Manager Signature	_____ Date	_____ Other	_____ Date

*****COMPLETE SECTION BELOW IF THERE IS NO CLIENT SIGNATURE*****

I affirm that I explained to this client the process for developing, reviewing and modifying the content of the Treatment Plan. I have offered a copy of the Plan and/or direct access to the plan. I have asked if the client wants his/her family or other individuals involved in Treatment Planning.
 Reason for no consumer signature and efforts to obtain signature:

Reason for refusal:

Case Manager Signature

Date