

SAMPLE
SERVICE PLAN

Staff and Client sign below whenever the plan is implemented, reviewed or revised.			
Date	Staff	Date	(Client) I have had input into this plan and I agree with this plan.
Diagnosis(es)			
Axis:	Code		Description
I			
I			
II			
III			
IV			
V			
Supports & Strengths			
Date:		Date:	
Preferences			
Date:		Date:	
Needs			
Date:		Date:	

Service Plan: ASAM Dimension I		Services/Interventions		Outcome
ACUTE INTOXICATION/ WITHDRAWAL POTENTIAL				
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome	

Service Plan: ASAM Dimension II		Services/Interventions		Outcome
BIOMEDICAL CONDITIONS AND COMPLICATIONS				
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome	

Service Plan: ASAM Dimension III		Services/Interventions		Outcome
EMOTIONAL/BEHAVIORAL OR CONGNITIVE CONDITIONS AND COMPLICATIONS				
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome	

Status Code: Achieved (A) Continue (C) Revise (R)

Service Plan: ASAM Dimension IV		Services/Interventions		Outcome
READINESS TO CHANGE				
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome	

Service Plan: ASAM Dimension V		Services/Interventions		Outcome
RELAPSE/CONTINUED USE POTENTIAL				
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome	

Service Plan: ASAM Dimension VI		Services/Interventions		Outcome
RECOVERY ENVIRONMENT				
Target Date	Reviewed Date	Status Code	Justification for continuation or discontinuation of outcome	

Status Code: Achieved (A) Continue (C) Revise (R)

Clinician Signature _____ Date _____

Client Signature _____ Date _____