

Sarpy County Board of Mental Health

Individualized Treatment Plan

Date: _____

Case #: _____

Name and address of individual: _____

The above named individual is under my care for treatment of mental illness. As a qualified mental health profession in compliance with Neb. Rev. Stat. § 83-1044 (Reissue 1996), it is my opinion that this individual meets diagnostic criteria for the following mental disorders and is in need of treatment as set out below:

Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Current treatment goals and projected timelines to achieve goals (specific inpatient versus non-inpatient treatment goals):

Proposed treatment plan in the least restrictive environment:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If this is a supplemental treatment plan, progress since last report:

Contact information for other providers and agencies involved in this person's treatment (please include provider name, agency/practice, address, city, zip, phone and fax numbers):

Continuity of Care

[] The undersigned will continue to be the provider of record for this person and will continue to provide care until such time as the care has been transferred to another provider.

[] The undersigned has made arrangements to transfer the care of this person to:

Provider name: _____

Address: _____

Phone No.: _____ Fax No.: _____

[] The undersigned has notified the above provider that this person is a Sarpy County Board of Mental Health commitment.

The undersigned agrees to continue caring for this person until care is initiated with the new provider and the new provider has filed an acceptance of transfer with the Sarpy County Board of Mental Health.

All providers agree to follow the expectations of the Board of Mental Health.

Physician name (print): _____

Title: _____

Facility: _____

Address: _____

Phone No.: _____ Fax No.: _____

Physician signature: _____

Date: _____

I hereby agreed to the terms and conditions of the treatment plan outlined above.

Subject name (printed): _____

Subject signature: _____

Date: _____