

48 HOUR NOTIFICATION and INITIAL TREATMENT PLAN	
Patient Name:	Date of Birth:
Insurance ID:	
Diagnosis:	Date of Admission:
LOCADTR3 Report (Attached)	

Detoxification / Stabilization Initial Treatment Plan

Adhere to OASAS approved detoxification taper/protocol:			
Medication(s)		Planned taper Duration:	
Initial Discharge Plan:	To Home out patient	Inpatient	Residential
Other:			
Crisis Stabilization:			
Date of Assessment:		Med Orders:	
Medical Stabilization:			
Date of Assessment:		Med Orders:	
Psychiatric Stabilization:			
Date of Assessment:		Med Orders:	
Clinician Assigned:			

Inpatient/Residential Rehabilitation Initial Treatment Plan

Individual Goal(s):	Individual	Group	Family Sessions
Skills/Medication to reduce urges/cravings			
Motivational Interviewing to increase internal commitment			
Coping skills building to improve emotional regulation, self-soothing			
Facilitate engagement with other - social skills to support recovery			
Other:			
Case Manager Assignment:			
Education about, orientation to, and the opportunity to participate in, relevant self-help groups			
Assessment and referral services for patients and significant others			
HIV and AIDS education, risk assessment, and supportive counseling and referral			
Date of Medical Consultation:			
Date of Psychiatric Consultation (as needed):			
Signature		Date	