Adult Intensive Outpatient/Partial Program Admission Data Treatment Planning

lame: Date:				
Trusted contact name, relationship, &	k phone (ROI needed):			
Do you have transportation: yes	no			
Reason for coming to IOP:				
Who referred you?				
Current stressors:				
Healthy coping skills you are current	<u> </u>			
Support people/support groups/other				
Current living situation, (who lives wi	th you, include pets	s):		
Employment status:				
Your strengths:				
Relapse symptoms:				
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Providers	Phone Number	Last Seen	Next Appointment	
Psychiatrist/ARNP/PA-				
Therapist-				
Primary Care Provider-				
Case Manager-				
Pharmacy-				
Have you been hospitalized in the last	12 months for men	ital health? Yes	No	
If yes, where, when, & why:				
Substance abuse/addiction issues (pa	st & current):			
Trauma history:				
History of aggressive behavior, last ep	oisode:			
Current or past legal issues Yes No	If yes, tell us mor	e:		

Have	yo	u had recent medication changes; if so what are those changes and are they working?
—— What	do	you currently do for fun by yourself or with others, at home and away from home?
Desc	ribe	e how your illness has impacted your leisure and social:
	e 3-	5 topics that you want to work on while in IOP:
	1.	Mood stabilization
	2.	Medication management
	3.	Learn to manage stress and anxiety
	4.	Learn to manage anger
	5.	Boundaries with self and others
	6.	Increase energy and motivation
	7.	Find more hobbies, time for leisure, and reconnect with your interests
	8.	Improve social confidence, stop isolating
	9.	Reconnect and build relationships with family and friends
	10.	Become more familiar with community resources
	11.	Learn to relax
	12.	Learn to provide self-care and self-nurture
	13.	Meditation and mindfulness
	14.	Self-compassion
	15.	Get moving and exercise
	16.	Manage self and time better
	17.	Explore volunteer opportunities and social activity options
	18.	Communication skill building
	10	Other: