

**SUBSTANCE ABUSE PREVENTION AND CONTROL
TREATMENT PLAN ADDENDUM**

PATIENT INFORMATION			
1. Name (Last, First, and Middle):		2. Date of Birth (mm/dd/yyyy):	3. Medi-Cal or MHLA Number:
PROVIDER AGENCY			
4. Name:	5. Address:		6. Phone Number:
<p>ASAM Dimensions: 1. Acute intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to change; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment</p>			
PROBLEM # _____ (enter Problem #)			
7. Problem Statement:			
8. Long-Term Goal:			
9. Treatment Start Date:	10. Dimension(s):		
11. Short-Term Goal(s):	12. Action Steps:	13. Target Date:	14. Completion Date:
PROBLEM # _____ (enter Problem #)			
7. Problem Statement:			
8. Long-Term Goal:			
9. Treatment Start Date:	10. Dimension(s):		
11. Short-Term Goal(s):	12. Action Steps:	13. Target Date:	14. Completion Date:

PROBLEM # _____ (enter Problem #)

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13. Target Date:

14. Completion Date:

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