

MENTAL HEALTH/WELLNESS GOAL

Complete Weekly Confirmation of Outpatient Treatment Plan & Wellness Assessment

If young person has long-term therapeutic treatment plans (AXIS I, Psychotic Diagnoses)

STEPS: REPEAT WEEKLY

Confirmation of Outpatient Treatment Plan (via service provider)		Provider Name:	
WEEK OF:	ADHERENCE TO OUTPATIENT TREATMENT PLAN?	(INCLUDE PROGRESS NOTES)	DATE
ADHERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> OTHER			
ADHERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> OTHER			
ADHERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> OTHER			
ADHERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> OTHER			

Complete Weekly Wellness Assessment		Assessment by:	
WEEK OF:	WELLNESS ASSESSMENT/NOTES	DATE	
COMPLETE? <input type="radio"/> YES <input type="radio"/> NO			
COMPLETE? <input type="radio"/> YES <input type="radio"/> NO			
COMPLETE? <input type="radio"/> YES <input type="radio"/> NO			
COMPLETE? <input type="radio"/> YES <input type="radio"/> NO			

ONCE GOAL IS COMPLETED:

Repeat weekly until ready to proceed to "Secure New Psychiatric/Psychosocial Evaluations" goal on Mental Health / Wellness Roadmap.

ADDITIONAL NOTES: