

San Mateo County Behavioral Health & Recovery Services
CLIENT TREATMENT and RECOVERY PLAN ADDENDUM

“Confidential Patient Information: See California Welfare and Institutions Code Section 5328”

CLIENT _____ MH# _____

PROGRAM _____

ORIGINAL PLAN DATE ADDENDUM DATE

ADDENDUM TO ORIGINAL PLAN

ADDENDUM ADDED GOAL (START Date) _____

RECOVERY BARRIER/PROBLEM Diagnosis signs/symptoms & other barriers/life domain challenges.

GOAL Development of new skills/behaviors and the reduction, stabilization or removal of barrier/problem.

OBJECTIVE(S) Specific skills client will master, steps/tasks the client will complete to accomplish the goal.

INTERVENTION(S) (TCM, Mental Health Services, Med Support, TBS)

DURATION

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SIGNATURES

Client _____ Date _____

If no client signature, see progress note dated _____

Copy of this addendum was offered to client and accepted Copy was offered and declined Unable to offer Copy: See progress note dated

Parent/Guardian _____ Date _____

LPHA AUTHORIZING ADDENDUM _____ Date _____

Program Staff Writing Addendum _____ Date _____