

STATE OF NEW MEXICO
COUNTY OF _____
_____ JUDICIAL DISTRICT COURT

IN THE MATTER OF _____:

A PERSON ALLEGED TO BE IN
NEED D-____-SI-20__-

OF ASSISTED OUTPATIENT
TREATMENT

Written Proposed Treatment Plan

- The Respondent participated in the development of this proposed treatment plan.
- An individual significant to the Respondent participated in the development of this plan.
- There is a surrogate decision maker involved (treatment guardian, legal guardian, power of attorney)

Proposed and Recommended Treatment Services

Clinical Diagnoses

DSM or IDC diagnostic code: _____

Case Management and Assertive Community Treatment (ACT) Services

- Case Management Services and/or ACT Services

Medication Management

- Medication Management
 - Self-Administered
 - Administered by Provider

Name of Provider: _____

Class of Medication:

- | | |
|---|---------------------|
| <input type="checkbox"/> Antidepressants | Dosage Range: _____ |
| <input type="checkbox"/> Antipsychotics | Dosage Range: _____ |
| <input type="checkbox"/> Mood Stabilizers | Dosage Range: _____ |

Other Clinical Services

- Outpatient services prescribed to treat a mental disorder to assist a patient in living and functioning in the community or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in harm to the patient or another or the need for hospitalization

Substance Use Treatment Services

- Relevant Alcohol and Drug Testing

Such testing is necessary to prevent a relapse or deterioration that would be likely to result in serious harm to self or likely to result in serious harm to others

Signatures

A signature below represents that the individual signing participated in the development of this treatment plan.

Qualified Professional

Date

Treating Provider

Date

Treating Provider

Date

Treating Provider

Date