

## ASAP OUTPATIENT TREATMENT PLAN AND REVIEW

For use of this form, see AR 40-66; the proponent agency is OTSG

1. Diagnostic Impression.

2. Discharge Goal(s).

3. Date Identified <small>(YYYYMMDD)</small>	4. Problem	5. Patient Outcomes (Goals)	6. Action Plan	7. Staff Responsibility	8. Date Resolved <small>(YYYYMMDD)</small>	9. Initials

**PATIENT IDENTIFICATION** *(For typed or written entries give: Name - last, first, middle: grade; date; hospital or medical facility):*

10. Signature of Counselor

11. Signature of Patient

