

**Appendix A**  
**48 HOUR NOTIFICATION and INITIAL TREATMENT PLAN**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance ID: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

LOCADTR3 Report (Attached)

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**Detox Initial Treatment Plan**

Adhere to OASAS approved detoxification taper/protocol:

Medication(s) \_\_\_\_\_ Planned Taper Duration: \_\_\_\_\_

Initial Discharge Plan --  To home outpatient  Inpatient  Residential

Other: \_\_\_\_\_

Medical Stabilization:

Date of Assessment: \_\_\_\_\_ Med Orders: \_\_\_\_\_

Psychiatric stabilization:

Date of Assessment: \_\_\_\_\_ Med Orders: \_\_\_\_\_

Clinician assigned: \_\_\_\_\_

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**Rehab Initial Treatment Plan**

Initial Goal(s)  Individual  Group  Family  sessions:

Skills/Medication to reduce urges/craving

Motivational Interviewing to increase internal Commitment

Coping skills building to improve emotional regulation, self-soothing

Facilitate engagement with others – social skills to support recovery

Other: \_\_\_\_\_

Case Manager Assignment: \_\_\_\_\_

Education about, orientation to, and the opportunity to participate in, relevant self-help groups

Assessment and referral services for patients and significant others

HIV and AIDS education, risk assessment, and supportive counseling and referral

Date of Medical consultation: \_\_\_\_\_

Date of Psychiatric consultation (as needed): \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date