

TREATMENT PLAN REVIEW (INPATIENT)

Patient's Name (Last, First, M.I.)

Ford, John

Sex:
MALE

Facility/Agency Name:
Mid-Hudson Forensic Psychiatric Center

"C"/Id. No.:

10022

Date of Birth:
8.29.1948

Ward:
45

Date Completed: 11.15.16
Date of Next Review: 02.13.17

Patient Rights Notification Reviewed.

☒ Yes ☐ No

Discharge Plan and criteria
reviewed.

☒ Yes ☐ No

Remains the same.

☒ Yes ☐ No

Will be discharged to a Civil
Hospital.

Modified as follows:

Relapse Prevention Plan
reviewed.

☒ Yes ☐ No

Remains the same.

☒ Yes ☐ No

Modified as follows:

Notification of Escape Record
reviewed and updated.

☒ Yes ☐ No

Remains the same.

☒ Yes ☐ No

Modified as follows:

Programming Statement (Indicate if the patient is able to attend minimum of 20 hours of patient programming per week; and if not why.):

Mr. Ford is able to attend and participate in a minimum of 20 hours of patient programming per week.

ADVANCE DIRECTIVES: (Check all that apply) Date discussed with patient: 11.10.16

☐ Patient does not wish to make an advanced directive.

(Pt. has been informed of his options and does not wish to make an advance directive at this time).

Patient statement:

☐ Patient does not have the capacity to formulate an advanced directive at this time.

☐ Patient is Competent ☐ Patient is Not Competent

Rationale: _____

☒ Patient has an Existing Health Care Directive.

Content of the Directive: HEALTH CARE PROXY

Healthcare Agent/Proxy's Name: JOANNE DOYLE, SISTER

The patient has executed:

☒ Health care proxy

Date Established: 9.09.2008

Date Revoked: _____

☐ Living will and/or

Date Established: _____

Date Revoked: _____

☐ Consent for a do-not-resuscitate order

Date Established: _____

Date Revoked: _____

☐ Organ or tissue donation

Date Established: _____

Date Revoked: _____

**TREATMENT PLAN REVIEW
(INPATIENT)**

Patient's Name (Last, First, M.I.)

Ford, John

"C"/Id. No.:
7960

Outcomes: Describe the patient's progress in meeting the goals/objectives of the Treatment Plan. Enter new/revised goals/objectives directly on the Treatment Plan.

1A. Mr. Ford will meet with the treatment team and be able to name 1 reason why he has a mental illness.

Mr. Ford flatly states, "I have no mental illness." He went on to describe that he, "went along with the 330.20 as advised by my lawyer ...I wanted to protect pension and retirement." When asked about his medication compliance, he offered that he does not want to be forced to take medication (MOO). He denies having any symptoms.

Revised Objective: I will name, 2 ways, in group weekly, how I am not dangerous over the next 90 days.

1B. Mr. Ford will be able to discuss, 1x per group how the material presented impacts him personally.

Mr. Ford reports that he finds the groups, "informative and enlightening but the material does not apply to me." He went on to say that he gets insight into dealing with mental illness even though he denies having mental illness. This writer witnesses Mr. Ford participating effectively in group and while he does not commit to the concept of being ill himself, he does speak on the information presented and adds to the discussion. Reports that he takes in the material and applies it to himself "if it benefit me."

Attained & Revised Objective: I will be able to discuss, 2x's per group weekly, how the material presented impacts him personally.

2A. Mr. Ford will identify 2 benefits of interacting with his peers and/or staff by target date.

Mr. Ford is able to effectively interact with peers and is respectful to both staff and peers. States, "It provides me insight into how others felt about things." He went on to state He has learns a lot about the feelings of his peers.

Attained & Revised Objective: I will be able to name, 3x's per group weekly, how the material presented impacts me personally.

3A. Mr. Ford will be able to name 3 reasons why communication in the work place is important.

.. Ford reports: 1.) "get the assigned duties done, 2.) learn ways to assist co-workers, 3.) being able to interact with various persuasions.

Mr. Ford appears to like this group as it is smaller and he is able to speak in a comfortable format about the material. He can be supportive of his peers and is not a management issue.

**TREATMENT PLAN REVIEW
(INPATIENT)**Patient's Name (Last, First, M.I.)
Ford, John"C"/Id. No.:
7960

Attained & Revised Objective: I will be able to name 4 reasons per group weekly, why communication in the work place is important.

4A. Mr. Ford will take medications as prescribed to minimize symptoms of GERD (e.g. Acid reflux, burning, indigestion, etc.) by target date.

Mr. Ford reports that he takes medication as prescribed. Nursing staff confirms this information. Mr. Ford is able to convey his medical need to staff.

Continue Objective.

5A. Mr. Ford will be free of symptoms of Allergic Rhinitis (coughing, sneezing, itchy eyes, throat irritation, etc.) by the target date.

Mr. Ford reports that he takes medication as prescribed. Nursing staff confirm this information. Denies any recent issues. Mr. Ford is able to convey his medical need to staff.

Continue Objective.

6A. I will be free of symptoms of Urinary bladder Spasm, e.g., incontinence, over the next 90 days.

Mr. Ford reports that he takes medication as prescribed. Denies any issues urinating. Nursing staff confirm this information. Mr. Ford is able to convey his medical need to staff.

Continue Objective.

7A. I will lose ½ pound per week to work toward a BMI that is WNL (18-25) over the next 90 days.

Mr. Ford has gained 4 pounds in September and lost 1.2 pounds in October. He reports that he is trying to get more exercise as his back pain allows.

Continue Objective.

8A. I will be free of symptoms of fungal infection (yellow, spongy toenail, etc.) over the next 90 days

Mr. Ford reports that he takes medication as prescribed. Nursing staff confirm this information. Mr. Ford is able to convey his medical need to staff.

Continue Objective.

9A. I will have a significant decrease of back pain over the next 90 days.

Mr. Ford reports that he takes medication as prescribed. States that his pain has improved but continues to be unable to function to the level he would like. Nursing staff confirm this information. Mr. Ford is able to convey his medical need to staff.

Continue Objective.

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7960

- ☐ Patient agrees with the treatment plan.
☐ Patient does not agree with the treatment plan.
☐ Patient did not want family involved.

- ☐ Family agrees with the treatment plan.
☐ Family does not agree with the treatment plan.
☒ Family was unable to be present at the treatment plan.

Patient/Family input:

Patient's Signature:

Date:
Time:

3. Participants: List participants other than staff members who provided input. If an interpreter is used in the treatment, please include name.

| Print Name | Role/Relationship to Patient: |
|------------|-------------------------------|
| | |
| | |
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| | |

Staff Participants in Development of Treatment Plan: Each staff participant must print their name and title below, followed by their signature.

| Print Name and Title | Signature |
|----------------------|-----------|
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| | |

Rick J. Demarse, LCSW-R

Signature of Treatment Plan Review Writer:

Rick J. Demarse, LCSW-R

Title:
SWII

Date: 11.15.16

Time: 7:52am

Signatures signifying Participation, Review and Approval:

**TREATMENT PLAN REVIEW
(INPATIENT)**

Patient's Name (Last, First, M.I.)
Ford, John

"C"/Id. No.:
7960

Unit Manager/ Program Manager:

Print Name:

Signature: Frederick Rhoades, MPA

Title:

TTL

Date:

Time:

Physician:

Print Name: Dr. Lindsay Jordan

Signature:

Title:

Psychiatrist II

Date:

Time: