

*North Charles Institute for the Addictions*  
**INDIVIDUALIZED PATIENT COUNSELING PLAN**

**Patient Name:** \_\_\_\_\_ **DRS #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinician Printed Name/Credentials:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**Patient's Current Counseling Plan:**

**Type of Counseling:**  Individual  Group \_\_\_\_\_

*Please answer the following for Individual Counseling only:*

**Frequency:**  Weekly  3x/Month  Bi-Weekly  Monthly

**Duration:**  Half Hour (at least 16 minutes)  45 Minutes (at least 38 minutes)

**Modality:**  In Person  Audio-Visual (Zoom)  Audio Only (Phone)  Combination

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*Patients must attend a minimum of 4 counseling sessions per year. Two of the 4 sessions must be in person, 6 months apart! Patients on 13+ take homes must have a clinical contact each week they are not in the clinic.*

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**Patient's Preferred Counseling Plan for the New Treatment Cycle:**

**Type of Counseling:**  Individual  Group \_\_\_\_\_

*Please answer the following for Individual Counseling only:*

**Frequency:**  Weekly  3x/Month  Bi-Weekly  Monthly  Every 2 Months  Quarterly

**Duration:**  Half Hour (at least 16 minutes)  45 Minutes (at least 38 minutes)

**Modality:**  In Person  Audio-Visual (Zoom)  Audio Only (Phone)  Combination

The above "frequency" of counseling may change if the current number of Take Homes changes. In addition, patients may request a change in this Counseling Plan if their circumstances change (e.g., more frequent or longer duration counseling during challenging times when more support would be helpful).

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**Insurance:**  B  C  N Patient has a:  Co-Pay  Deductible or  Both Current # of Take Homes: \_\_\_\_\_

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Patient's Preferred Counseling Plan was reviewed in clinical treatment team meeting on: \_\_\_\_\_

Patient's Preferred Plan Approved, effective: \_\_\_\_\_.

Patient's Preferred Plan Approved, effective \_\_\_\_\_, with the following modification(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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