FLORIDA DEPARTMENT OF CORRECTIONS Individualized Service Plan

Problem Name				Problem #		
Problem Description in	Behavioral Terr	ns	Problem Frequency, Duration & Inf	tensity		
Treatment Goal: (Target behaviors in measurable terms)						
Interventions		Intervention Frequency (or N/A)	Intervention Provider (Specify	each by name and title)		
Case Management						
Individual Counseling						
Psychiatric Follow Up						
Medication Management						
Group Counseling:						
Other:						
Other:						
Problem Name	- · · · · -				Problem #	
Problem Description in	Behavioral Tern	ms		Problem Frequency, Duration & Intensity		
Treatment Goal: (Target behaviors in meterms)						
Interventions		Intervention Frequency (or N/A)	Intervention Provider (Specify	each by name and title)		
Case Management						
Individual Counseling						
Psychiatric Follow Up						
Medication Manageme	nt					
Group Counseling:						
Other:						
Other:						
Problem Name					Problem #	
Problem Description in	Behavioral Tern	ns		Problem Frequency, Duration & Int	tensity	
Treatment Goal: (Target behaviors in me terms)	easurable					
		Intervention				
Interventions		Frequency (or N/A)	Intervention Provider (Specify	each by name and title)		
Case Management						
Individual Counseling						
Psychiatric Follow Up						
Medication Manageme	nt					
Group Counseling:						
Other:						
Other:						
Inmate Name MDST Date:						
DC#		R/S	S			
Date of Birth						
Institution						

FLORIDA DEPARTMENT OF CORRECTIONS Individualized Service Plan

DSM Diagnosis	Axis I								
Diagnosis	Axis II Axis	III	Axis I	V	Axis V (GAF)				
	AXIS	III	AXIST	V	AXIS V (GAF)				
Alerts: self-harm/suicide attempts, assaults, escapes, etc.									
niono. Jon nami/Janoido anompio, assauno, escapes, etc.									
Summary Of	Institutional A	djustment							
,									
0	T								
Summary Of	Treatment Co	mpliance and Progress							
Other Treatment Related Information & Deferred Problems									
Rationale for	any ISP Chan	nes							
Trationale for	arry for Orian	903							
Signatures:									
O.g. latar co.									
-	Sr. Behavioral A	\nalvet	Pate	Case Manager	Date				
	31. Dellaviolai /	analyst L	, ale	Case Manager	Date				
	Nursing Represe	entative D	Date	Psychiatrist	Date				
	Correctional C	Officer D	Date	Other (specify)	Date				
				(-)/					
-				O:1 (")					
	Inmate Pati	ent E	Date	Other (specify)	Date				
				Target Date (Next Review	ew Date)				
Inmate Name									
DC#		R/S							
Date of Birth Institution	-								