change in goals / objectives

Integrated Therapy Solutions of Oklahoma, LLC
620 NW 5th St. Suite D
Moore, OK 73160
Ph: (405) 208-4469 Fax: (405) 208-4472

Addendum to Treatment and Service Plan

SAMPLE

Effective Date: 8/21/2025

Reason for consultation: (check all that apply)

☐ NO CHANGE IN SERVICE

☐ ADD/CHANGE IN THERAPIST/BHRS/CASE MANAGER: Name _____

☑ REASON FOR CHANGE: new goal & objectives

CONSUMER INFORMATION:

Client Name: Jane Doe **Medicaid Number:** _____

PROBLEM #1: Stress / Anxiety

GOAL #1: "I want to be more positive about outcomes"
(Must be direct client or guardian quote.)

CURRENT OBJECTIVES: (Must be behaviorally measurable)

1a: Client will identify, process, and explore 3-5 triggers to stress and anxiety

1b: Client and family will identify, process, and explore 3 coping skills

1c: Client will identify, process, and explore 1-3 cognitive distortions

	TYPE OF SERVICE	DATE INITIATED	TARGET DATE (tx plan end date ↓)
1a:	Individual psychotherapy	8/21/2025	11/5/2025
1b:	Family with client present	8/21/2025	11/5/2025
1c:	Individual psychotherapy	8/21/2025	11/5/2025

☐ Curriculum Documentation Attached (if applicable for BHRS services)

Client Signature (12 AND OLDER REQUIRED) Jane Doe Date 8/21/2025

Parent or Guardian Signature (IF APPLICABLE) Sammy Doe Date 8/21/2025

New Provider Signature _____ Date _____

Lead Therapist Signature Mallie MALPC-S Date 8/21/2025

change in provider only with no changes to goals/ objectives

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Effective Date: 8/21/2025

Reason for consultation: (check all that apply)

☐ NO CHANGE IN SERVICE

☑ ADD/CHANGE IN THERAPIST/BHRS/CASE MANAGER: Name Destani Malicoat LPC-S

☑ REASON FOR CHANGE: new therapist

CONSUMER INFORMATION:

Client Name: Jane Doe **Medicaid Number:**

PROBLEM #1: No changes

GOAL #1: No changes
(Must be direct client or guardian quote)

SAMPLE

CURRENT OBJECTIVES: (Must be behaviorally measurable)

1a: No changes

1b:

1c:

	TYPE OF SERVICE	DATE INITIATED	TARGET DATE
1a:	No changes		
1b:			
1c:			

☐ Curriculum Documentation Attached (if applicable for BHRS services)

Client Signature (12 AND OLDER REQUIRED) Jane Doe Date 8/21/2025

Parent or Guardian Signature (IF APPLICABLE) Date

New Provider Signature DMalicoat MAPC-S Date 8/21/2025

Lead Therapist Signature DMalicoat MAPC-S Date 8/21/2025