

Cornerstone Behavioral Healthcare

In-House Clinician ITP Signature Page

Client Name:	DOB:
Client#:	Provider Name:
Date Plan is Due:	
Type of Plan: <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Other <input type="checkbox"/> Annual	
Address/ Phone Change: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, update):	
List those involved in ITP development:	
<input type="checkbox"/> Client <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Provider <input type="checkbox"/> Natural Support/Other:	
<ul style="list-style-type: none"> • If no natural supports were involved, please explain: 	
Is client AMHI Class Member? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, answer the following) <ul style="list-style-type: none"> • Does client have an Advance Psychiatric Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, was it reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Was the Crisis Plan reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, answer the following) <ul style="list-style-type: none"> • If Crisis Plan was not reviewed, why not? 	
Is this Review late? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, answer the following) <ul style="list-style-type: none"> • Did the ITP remain in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No • Provide the reason for the review being late: <ul style="list-style-type: none"> <input type="checkbox"/> Client cancellations/no shows <input type="checkbox"/> Client did not return for services <input type="checkbox"/> Infrequency of client visits <input type="checkbox"/> Provider error <input type="checkbox"/> Other: 	
Risk and Benefits Statement	
I have developed my ITP and Safety Plan with my provider. We have reviewed the risks and benefits associated with these plans. I have been offered a copy of these plans and agree to work towards these goals. <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain):	
Client Signature	Date
Parent/Guardian Signature	Date
Provider Signature/Credentials	Date
Supervisor Signature (if applicable)	Date