

Plan Review/Consultation Feedback Form

Plan discussed (initial or first name): _____

*Rating options for the elements and principles of the Person Centered Recovery Plan (PCRP) include:
Excellent, Good, Minor Issue, Major Issue, and not applicable for this consultation or plan (n/a)*

<i>Areas of:</i>	<i>Strengths</i>	<i>Improvement</i>	<i>Rating</i>
Formulation/Narrative (if applicable):			
a. Individualized			
b. Strengths identified			
c. Barriers/functional impairment clear			
d. Natural supports identified			
e. Cultural factors			
f. Client/family driven			
g. Discharge Criteria [hospital only]			

Plan Content:			
Areas of:	Strengths	Improvement	Rating
Goal(s)			
Objectives			
Medical Necessity			
Identified strengths from assessment actively used			
Interventions			
Self-directed and Natural support action			

Additional Data

Question	Response (Y/N, Explain)
Was there a history of trauma identified in the plan or in other assessments (intake, ANSA, etc.)?	
Were substance use issues identified in the plan or in other assessments (intake, ANSA, etc.)?	
Were cognitive, intellectual, or developmental disabilities identified in the plan or in other assessments (intake, ANSA, etc.)?	
Additional questions re: /information needed re: history and assessment:	

Identified Barriers and Follow-Up

Question	Response
If any, describe barriers identified:	
Consultant or site follow-up activities and person(s) responsible:	