

## **GEMS Unit Multidisciplinary Master Treatment Plan**

Date of Admission:		Date of Treatment Plan:		Date Review	Date Review Due:		Legal Status:		
Date Verified	Psychiatric Diagnosis			Date Verified	Medical Diagnosis				
MASTER PROBLEM LIST									
Master Problem List					Acute Medical Problems				
Date Identified	Psychiatr	ric Problems	Date Resolved	Date Discontinued	Me	Medical Problems		Date Resolved	Date Discontinued
Chronic/Stable Medical Problems (Includes monitoring for status change & medication teaching)					Assessment of Strengths				
Date Identified	Problem								
						Ass	sessment of Limita	<u>itions</u>	

