

MIST Treatment Plan

Client Info

Phone Numbers

Encounter Info

Technology Goal:

Action:

Aging Service Needs Goal:

Action:

Desired Outcomes:

Strengths Skills:

Supports Resources:

Barriers:

MIST Screens (can this auto populate from the intake evaluation?)

- PHQ-9
- GAD-7
- NIDA S
- SMAST-G
- Dejong Loneliness Scale
- Aging Service Needs

Aging service needs

1. Have you ever experienced any form of abuse (physical, emotional, verbal, psychological, financial, sexual)?
2. Have you been experiencing any financial difficulties?
 - a. Do you have problems paying bills?
 - b. Are you able to pay for healthcare expenses?
 - c. Are you able to pay utility bills?
3. Have you been experiencing problems acquiring food?
 - a. Are you able to cook for yourself?
 - b. If not, are you receiving services such as Meals on Wheels?
4. Have you been experiencing any difficulties maintaining a place to live?
 - a. Do you need financial or legal assistance for staying in your home?
5. Do you find that you've been needing more help in the home due to your physical health?
 - a. Are you experiencing more pain that stops you from cleaning the home or doing ADLs?
6. Do you take your medication regularly and correctly?
 - a. Is your medication properly organized?
7. Are you having difficulty keeping your home clean?
8. Are you having difficulties using technology? If so, what issues?
 - a. Do you need access to technology?
9. Do you have problems obtaining transportation to appointments or other essential locations (for ex the supermarket)?
 - a. If not, are you using services such as AccessARide?
 - b. Are you able to use public transportation?
 - c. Are you open to using services such as Uber?

Review Date (3 months) - add tickler