

90 Day Review Template

Date(s) of review:

Participant Name:

Participant has consented and invited the following individuals to attend this 90 day review:

Team members, participant, family members and/or supporters present during review:

1. Share feedback, recognize successes, share appreciations:
2. Participant has agreed to focus on (one or both) areas below for this

Review treatment/care/service plan and update

Review participant's diagnosis(es) and update

3. Gather input on what has worked well on current plan:
4. Gather input on what is not working on current plan or needs updating:
5. Define new goals and objectives:
6. Review and update diagnosis(es):
7. Plan to address needs, concerns, and/or hopes not covered during this review:
8. Next action steps and the individuals responsible for them (for example, follow up with someone invited but not present today or entering updates into EHR):

9. Based on information gathered today list other plans or documents that need to be revisited, discussed, and/or revised? (for example: strengths assessment, wellness/relapse prevention plan, comprehensive risk assessment, transition plan checklist, etc.):

Next 90-day review date: