

Kaiser Permanente Mental Health Treatment Plan

Participant's Name: _____
Next Court Date: _____ Date

Treatment Provider: The above-named person is applying for Solano Superior Court's Mental Health Diversion. The Mental Health Diversion court requires that a person provides a mental health diversion treatment plan. Please complete the below information and either provide this form back to the participant or you may provide it directly to the participant's attorney of record indicated below, by fax or electronic mail. Please submit before the next court date noted above.

Attorney of Record: _____ Telephone No.: _____
Email Address: _____ Fax No.: _____

Provider's Name: _____ Kaiser Permanente: _____

Provider's Contact Information: _____

Patient is suffering from a mental disorder diagnosed as: _____

Symptoms include: _____

Based on the above diagnosis, patient's symptoms would respond to the following mental health treatment plan:

- Attend psychiatric appointments Next appointment: _____
- Take medication
- Keep in touch with provider How often client to be seen: _____
- Attend groups
- Other (explain below).

Please list any other recommendations below:

I believe the patient can be treated in the community if patient agrees to comply with this plan. I have reviewed this plan with patient and patient agrees to comply with the plan.

Signature of Provider	Title	Date
Signature of Agency Representative	Print Name	Date
Signature of Patient	Print Name	Date

