

CASE CLOSURE AND TERMINATION SUMMARY

Client's Name: _____ Date Case Closed: _____

Therapist: _____

Date of First Session: _____ Date of Last Session: _____ Total # of Sessions: _____

Client's Presenting Concern(s): _____

Client's Initial Diagnosis(es): _____

Services Provided at This Facility (check all that apply): Individual Therapy: _____ Couples Therapy: _____
Family Therapy: _____ Group Therapy: _____ Nutrition Counseling: _____ Massage Therapy: _____

Primary Treatment Goals & Outcomes:

Treatment Goal: _____

No change: _____ 10-29% Improvement: _____ 30-49% Improvement: _____ 50-69% Improvement: _____
70-89% Improvement: _____ 90-100% Improvement: _____

Treatment Goal: _____

No change: _____ 10-29% Improvement: _____ 30-49% Improvement: _____ 50-69% Improvement: _____
70-89% Improvement: _____ 90-100% Improvement: _____

Treatment Goal: _____

No change: _____ 10-29% Improvement: _____ 30-49% Improvement: _____ 50-69% Improvement: _____
70-89% Improvement: _____ 90-100% Improvement: _____

Treatment Goal: _____

No change: _____ 10-29% Improvement: _____ 30-49% Improvement: _____ 50-69% Improvement: _____
70-89% Improvement: _____ 90-100% Improvement: _____

Reason for Termination:

____ The client's goals were achieved. Termination was a mutual decision between the client & the therapist.

____ The client initiated termination and elected not to continue treatment at this time due to the following reason(s): _____

____ The therapist initiated termination. Explain & list recommendation(s) made: _____

____ The client is in need of services not available here. Client was referred to _____

____ The client is unable to pay for continued treatment and was referred to a low-cost facility or practitioner.

____ The client decided not to participate in treatment despite therapist's recommendations.

____ The client stopped coming to sessions and has not returned therapist's phone calls.

____ The client is a minor and wanted to continue treatment but parent/guardian has decided not to continue treatment.

Description of Termination: In person: _____ In writing (*attach copy*): _____ Over the phone: _____ Email (*attach correspondence*): _____

Pertinent Details of Termination Process: _____

Recommendations and/or Other Important Information: _____

Therapist's Signature: _____ Date: _____