

CASE CLOSURE/FOLLOW-UP

Client Name: _____ ID# _____

Case Closure Date: _____ Primary Therapist: _____

Total # of Sessions: _____ Assessment: _____
Group: _____
Individual: _____

Date 1st seen: _____ Date last seen: _____
Initial Diagnosis: _____ Final Diagnosis: _____
Initial GAF: _____ Final GAF: _____

Medications at termination:

Reason for termination:

- Met Goals
- Referral to another agency:
- Client did not return--reason:
- Client never came for 1st session/Client never seen

Follow-up recommendations given to client in writing including indication for need to return

Yes No (if no, why not)

Voluntary Termination Involuntary Termination (Client informed of the right to appeal)

Goals met at time of termination (include client outcomes):

Goals not met at time of termination:

Attempt to re-engage client if goals not met:

- Goals Met
- Phone call (date and initial)
- Letter (date and initial)
- Other (explain)

Reason given for not returning:

- Chart reviewed for completeness
- Client not available to be given a copy of the case closure
- Client offered a copy of the case closure but did not want one

Therapist

Clinical Supervisor