**[INSERT PRACTICE NAME OR LOGO]**

**Termination Summary**

Client: Date:

Signature(s) of therapist(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Main reason for termination

 ❑ The planned treatment was completed. ❑ The client refused to receive or participate in services.

 ❑ The client was unable to afford continued treatment or did not pay bills on time. ❑ Client moved.

 ❑ There was little or no progress in treatment. ❑ This is a planned pause in treatment.

 ❑ The client needs services not available here, and so was referred to:

 ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Source of termination decision

The decision to terminate was: ❑ Client-initiated ❑ MCO-affected ❑ Therapist-initiated ❑ A mutual decision

❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Treatment sessions

Date of first contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last session: \_\_\_\_\_\_\_\_\_\_\_\_

Number of sessions: Scheduled: \_\_\_\_\_\_\_ Attended: \_\_\_\_\_\_ Cancelled: \_\_\_\_\_\_ Did not show: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Kinds of services rendered

❑ Individual psychotherapy, for \_\_\_\_\_\_ sessions ❑ Couple/family therapy, for \_\_\_\_\_\_ sessions

❑ Group therapy, for \_\_\_\_\_ sessions ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Treatment goals and outcomes

Presenting Problem(s):

Goal:

Outcome: