



Termination Summary

Client: _____ DOB _____ Date: _____

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

Referred on date: _____ Date of first contact: _____ Date of last session: _____
 Number of sessions: Scheduled: _____ Attended: _____ Canceled: _____ 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 (Code outcomes as follows: N = no change, S = some or slight [about 25% to 35%], M = moderate [about 50%], V = very good [about 75% to 100%], E = exceeded expectation)

Goal:

Outcome:

Other notable aspects of treatment outcome, change, or progress:

Therapist Signature

Print Name

Date

This is a strictly confidential patient medical record. Disclosure or transfer is expressly prohibited by law.



MIRACLE Counseling

ADDITIONAL INFORMATION:

Patient Name

Therapist Name

Date