



## 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.**

**ADDITIONAL INFORMATION:**

Patient Name

Therapist Name

Date