

TERMINATION SUMMARY

Client's Name: _____

Therapist: _____

Intake Date: _____

First Appointment: _____

Final Appointment: _____

Number of Sessions: _____

Presenting problems and additional issues:

Course of counseling (*specify progress made towards goals and treatment used*):

Disposition (*specify type of termination, recommendations, referral, and follow-up*):

Therapist Signature

Date