

Termination Summary

Client: _____ Birth 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.
- Did not pay bills on time.
- There is a planned pause in treatment.
- The client needs services not available here, and so was referred to: _____

B. Source of Termination Decision

- Client initiated.
 - Therapist-initiated.
 - A mutual decision.
 - Other
- (Specify): _____
- _____

C. Treatment Frequency and Duration _____

D. Kinds of Services Rendered

- Individual psychotherapy.
- Couple/Family therapy.
- Group therapy.
- Other: _____

E. Treatment Goals and Outcomes

Therapist(s)

Signature: _____ Date _____