

Discovery Counseling and Wellness, PLLC

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

Referred on date: _____ 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

(Code outcomes as follows: N = no change, S = some or slight [about 25% to 35%], M = moderate [about 50%]) _____

Goal Outcome _____

Sample Of Counseling Termination Summary

JL Elias



Sample Of Counseling Termination Summary:

Sample Of Counseling Termination Summary Book Review: Unveiling the Power of Words

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