

Termination Note

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Client Name:

Date of Termination:

Clinician Name:

Treatment Duration:

Modalities Used:

Reason for Termination:

- ☐ Treatment goals met / Client no longer in need of services
- ☐ Client ended therapy voluntarily
- ☐ Mutual agreement to end therapy
- ☐ Client relocating or transferring care
- ☐ Therapist unavailable to continue
- ☐ Referral made for higher level or specialized care
- ☐ Services ended due to missed appointments
- ☐ Time-limited treatment completed
- ☐ Client referred out due to clinical needs
- ☐ Other

Summary of Treatment

Client Progress:

Discharge Plan/Referrals

Attempts to Contact Client (if applicable)

I attest that this client is no longer on my active caseload as of the date noted below. All appropriate ethical and legal considerations were taken into account in the termination of care. The client has been informed of the termination or reasonable attempts have been made to do so.

Print Name