

CASE CLOSING FORM

- Please make a follow up call within two weeks of completing the final session. *Your Advocate* will automatically close any cases that have been inactive for 30 days from the last scheduled appointment.
- All paperwork must be submitted within 60 days of case closing.
- This form must be submitted with completed Invoice, Personal History Form and Statement of Understanding.

Client Name: _____

Client Company: _____

Client #: _____

Date case closed: _____

Date follow up call made: _____

Services Provided:

- Assessment
 Referral
 Short-term counseling
 Other: _____

Appt. Date	Missed Appointment*	Names of Additional People in Session

Statement of Understanding signed by:

Client Guardian

Release of Information Signed

No attempt made
 Yes, signed by client for communication with: _____

** For missed appointments please code as LC for late cancellations, or NS for no show
Please use the back of this form for any additional comments and circle here: **OVER***

Assessed Problem: Please select one and provide rationale below:

Relationship	Family	Occupational	Emotional
Physical	Financial	Drug	Alcohol
Other Addiction	Another's Emotional/Physical	Adjustment Issues	Behavior
ADHD	Anxiety	Life Events	Parent/Child
Grief/Loss	Violence	Eating D/O	Other:

Referrals/Recommendations

Type of Referral	Program/Facility	Referral Accepted	Not Accepted (explain)
Self-Help			
Health Plan			
Community Resource			
Legal			
Financial			
Work/Life			
Other:			

Rational: _____ Presenting GAF _____ Closing GAF _____

Counselor Signature: _____

Printed Name: _____