**Client:**       **Date of Birth:**

**Address:**       **Phone:**

**Identifying Information:**

**Presenting Problem:**

**Treatment Diagnosis:**

**Number of Sessions:**       **First session:**       **Last Session:**

**Goals of Counseling:**

**Progress Made:**

**Reason for Termination:**

**Termination letter sent:**

**Recommendations:**

**Financial Status at Closing Date:**

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Therapist Signature & Credentials Date