Termination File Audit

Client:_____Therapist:_____

One-Timer ☐   **Testing** ☐

	Complete	Scanned	N/A
☐ Check here if client was a "one-timer"			
Client Information Form OR	☐	☐	☐
Child Biographical Information Form (signed)	☐	☐	☐
Client Disclosure Form (signed by therapist)	☐	☐	
Consent for Communications & Waiver	☐	☐	
WHODAS 2.0	☐	☐	
Intake Form (signed by therapist)	☐	☐	
Therapy Plan	☐	☐	
Progress note for every session	☐	☐	
Documentation of every contact (e.g. phone calls, consultations, etc.)	☐	☐	☐
Accounting for Disclosures Form (signed)	☐		
Copy of Termination Letter	☐	☐	☐
Termination Summary in TheraNest	☐	☐	☐ (If a one-timer)

Task	DONE
Exit Survey sent / given _____ (date)	☐
Psychotherapy notes cleaned out	☐
Financial status at $0	☐
Delete Credit Card #s from TheraNest	☐
Client archived in TheraNest	☐

Date of last contact: _____

If client is a minor: Date of client's 18th birthday: _____