

# TERMINATION REPORT- A

<b>Case Code:</b> _____ <b>Company:</b> _____ <b>Year:</b> _____
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<p style="text-align: center;"><b>Month Day Year</b></p> <p><b>26. Closure date</b> _____/_____/_____</p> <p><b>27. Service method provided</b></p> <p><input type="checkbox"/> Face to face</p> <p><input type="checkbox"/> Telephone only</p> <p><b>28. Case information</b></p> <p>Treatment Sessions: _____ Attended: _____</p> <p>Missed: _____ Canceled: _____</p> <p>Treatment Hours: _____</p> <p>Duration of Case: _____ (M/D to M/D)</p> <p><b>Client agrees to 2 week follow up call from therapist</b></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>29. External referral</b></p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Not accepted</p> <p><b>30. Referral categories</b></p> <p><input type="checkbox"/> Addiction Treatment Services</p> <p><input type="checkbox"/> Specialized Counselling</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Family Physician</p> <p><input type="checkbox"/> Financial</p> <p><input type="checkbox"/> Community Resources</p> <p><input type="checkbox"/> Psychiatric</p> <p><input type="checkbox"/> Group Support</p> <p><input type="checkbox"/> Protective Services</p> <p><input type="checkbox"/> Other _____</p> <p><b>Name(s)</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Referral follow-up</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>32. Closure by</b></p> <p><input type="checkbox"/> Mutual consent</p> <p><input type="checkbox"/> Client declined service (no appt.)</p> <p><input type="checkbox"/> Client withdrew(early termination)</p> <p><input type="checkbox"/> Counselor withdrew</p> <p><b>33. Workplace absence</b></p> <p><input type="checkbox"/> At closure</p> <p><input type="checkbox"/> Medical leave</p> <p><input type="checkbox"/> Maternity leave</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p><b>34. Return to work plan:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p><b>35. Improvement at work as a result of counseling (as applicable, refer to question #18)</b></p> <p><input type="checkbox"/> Attendance</p> <p><input type="checkbox"/> Concentration</p> <p><input type="checkbox"/> Customer service</p> <p><input type="checkbox"/> Interpersonal</p> <p><input type="checkbox"/> Job satisfaction</p> <p><input type="checkbox"/> Quality of work</p> <p><input type="checkbox"/> Quantity of work</p> <p><input type="checkbox"/> Safety</p> <p><b>36. Did this case require clinical consultation?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If applicable, record in Action/ Treatment Plan)</p> <p><b>37. Workplace strengths and stressors</b></p> <p>Describe:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>31. Closure by</b></p> <p><input type="checkbox"/> Mutual consent</p> <p><input type="checkbox"/> Client declined service (no appointment)</p> <p><input type="checkbox"/> Client withdrew (early termination)</p> <p><input type="checkbox"/> Counsellor withdrew</p>	<p><b>38. Follow-up notes (outcome and aftercare plan):</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>