Psychology Department

 University of Central Oklahoma

100 N University Drive

Edmond, OK 73034-5209

Telephone: (405) 974-2758

Fax: (405) 974-3851

**Closing Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Client name: |  | Date of report: |  |
| Therapist: |  | Total sessions: |  |

**Referral Information**

Who is the client? Why were they referred to us? Who referred them?

**Case History**

A history of psych problems, including what precipitated the current need for services. Relevant developmental/medical/educational/social history should also be included.

**Problems & Goals**

A brief summary from the CF&TP of what the major issues were at the beginning and end of therapy.

**Treatment & Progress**

* Treatment
	+ What modality, frequency, and interventions were used during treatment, including what worked well and what did not.
* Progress
	+ Results from formal assessment instruments as well as more general summary of how the client and therapist felt treatment progressed, positively, negatively, or not at all.

**Outcome & Status**

Why was therapy terminated? If not due to agreement from client and therapist, give dispensation of case (i.e., attempted contacts, missed sessions, letter sent when).

Diagnosis at termination:

|  |  |  |
| --- | --- | --- |
| Axis I  |  |  |
|  |  |  |
| Axis II |  |  |
|  |  |  |
| Axis III |  |  |
|  |  |  |
| Axis IV |  |  |
|  |  |  |
| Axis V | GAF = |  |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student Name | Caleb W. Lack, Ph.D. |
| Graduate Student | Psychologist & Supervisor |
| University of Central Oklahoma | Assistant Professor, University of Central Oklahoma |