Mental Health Counseling Case Closure

| Client Name | |
|--------------------------------|----------|
| Date of Closure | |
| Counselor Name | |
| Case/Client ID | |
| Reason for Case Closure | |
| Summary of Progress | <u>.</u> |
| | |
| Interventions Provided | |
| | |
| Recommendations/Follow-Up Plan | |
| | |
| Additional Notes | |
| | |
| Counselor Signature | |
| | |
| Date | |
| | |