

Yeshiva University
Parnes Psychological
Psychoeducational Services

Termination Report

Date _____ Patient: _____

Therapist: _____ Case Supervisor: _____

Date began with current therapist _____ #Sessions weekly: _____

Date of termination session: _____ Total # sessions: _____

If termination occurs at mid or end year, please check here and attach mid/end year Summary _____. (You may refer to the mid/end year summary below rather than include redundant information).

1. Circumstances of Termination

a. Was termination planned? When was it first discussed?

b. Reasons for termination: _____

c. Nature of discussion with patient about termination: _____

2. Discuss evidence of psycho-social change:

a. Presenting problem _____

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b. Are there indications of personality growth? i.e., changes in symptomatology and/or alterations in the defensive structure, ego, state, etc. For Anxiety Disorder/Behavioral Medicine sub clinic patients, please note changes on measures and/or current health status.

c. Any changes in social adjustment? If so, explain.

d. Which therapeutic interventions were most beneficial to the patient?

e. Condition at Termination:

Markedly Improved: _____ Moderately Improved: _____

Slightly Improved: _____ Unimproved: _____ Worse: _____

3. Referral arrangements, if any: _____

Therapist Signature

Date:

Supervisor Signature

Date: