TRUST 2 BELIEVE | SOGOL PHILIPSON, LCSW

Treatment Completion, Termination & Referral Record

DRAFT — FOR CLINICIAN AND CALIFORNIA LEGAL/COMPLIANCE REVIEW

LCSW #66853 | 4199 Campus Drive, Suite 550, Irvine, CA 92612 | Telehealth only

Treatment summary

Client: _____. Last session: _____. Treatment start date: _____. Reason for termination: [ ] goals met [ ] client preference [ ] referral [ ] scheduling [ ] other: _____.

Clinical documentation

Progress toward goals: _____. Current clinical status and risk assessment: _____. Outstanding issues: _____.

Continuity of care

Referrals/resources provided: _____. Follow-up recommendations: _____. Emergency/crisis resources discussed: _____.

Documentation

Therapist signature: _____ Date: _____. Client acknowledgment (optional): _____ Date: _____. This is primarily an internal clinical record, not a required client consent.

Client name: _____ Date: _____

Client signature: _____ Date: _____