

Client Exit Summary

CLIENT DETAILS

Name:	Reference #:
Address:	Ph:
Postcode:	Date of birth:
Date of intake:	Date of exit:
Staff member:	Ph:

Reason for Intake

Reason for Exit

- Achieving goals Problems resolved Referral to another organisation
 Client ceased contact Client initiated exit Client moved
 Unacceptable behaviour Client death Completed program
 Other _____

Comments:

Summary of services provided

Summary of progress and treatment

Feedback from client

Legal issues

Cancelation of Service Agreement (NDIS Clients Only)

Yes No

New provider information (if client going to another provider)

Reason for referral:

Organisation name:

Contact name:

Address:

Contact phone:

Hours of operation:

Last follow-up contact with client by staff member

Due:

Phone:

Signature _____ (Staff member) Date: _____

Signature _____ (Client) Date: _____