End of Treatment Summary

Protected when completed.

Family name:	Given name(s):	Date of birth: (yyyy-mm-dd)
Professional:		Report date: (yyyy-mm-dd)

Type of services offered: ☐ Individual therapy ☐ Couple therapy ☐ Family therapy

If applicable, please provide name(s) of family member(s) who participated in the treatment and their relationship to the client:

Name	**Relationship**

This treatment summary addresses the following period:

From: _____ (yyyy-mm-dd) To: _____ (yyyy-mm-dd) Total number of sessions: _____

The treatment offered to the client(s) addressed the following condition(s):
[Note Diagnostic and Statistical Manual (DSM) diagnoses (if applicable)]

List clinical objective(s) addressed during the course of treatment:

Briefly describe the type(s) of clinical intervention(s) offered to the client(s):

Canada

Describe the client's adherence to the treatment process:

☐ Always adherent ☐ Adherent 70% or more of the time ☐ Adherent less than 70% of the time

Please elaborate:

Change in condition/symptoms during the course of treatment:

☐ Marked deterioration - symptoms are more severe
☐ No change
☐ Improvement in symptoms
☐ Marked improvement

Please describe clinical objective(s) that were met or partially met:

If applicable, list clinical objective(s) which could not be addressed during the course of treatment:

Did any factors, intrinsic or extrinsic, to the client(s), prevent optimal treatment efficacy? Yes ◯ No ◯

If **yes,** please explain:

Reason for termination of the treatment:

Current DSM diagnostic impression and/or professional formulation:

Post-treatment recommendations:

Do you wish to provide any additional information? Yes ◯ No ◯
Please elaborate:

Name:	Signature:	
Professional title:	Professional corporation:	
Registration No.:	Blue Cross No.:	Date: (yyyy-mm-dd)

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