**TREATMENT TERMINATION SUMMARY**

**Name:** **Date of Termination Summary:**

**Date of First Consultation:** **Date of Last Consultation:**

**Duration of the Treatment:**

**Summary of the Presenting Difficulties:**

**Other Areas Addressed During Treatment:**

**Overview of the Treatment Process:**

**Nature of the Termination:**

**Gains Made/Progress:**

**Limitations of the treatment:**

**Remaining difficulties and/or concerns:**

**Recommendations:**

**Follow-up:**

**Additional Comments:**

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Signature