

Evaluation & Closing Form

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|--|------------------------|-----------------------|-----------------|
| Client Name | | Date of Birth | ID |
| Referral date | First appointment date | Last appointment date | Discharge date |
| Presenting problem | | | |
| Main themes of therapy | | | |
| Client's ability to use therapy | | | |
| Motivation: | Good | Satisfactory | Poor |
| Completed homework assignments? | Yes | Mostly | Occasionally No |
| Therapeutic alliance: | Good | Satisfactory | Poor |
| Other difficulty: | | | |
| Therapy goals | | | |
| 1. | Achieved | Mostly achieved | Not achieved |
| 2. | Achieved | Mostly achieved | Not achieved |
| 3. | Achieved | Mostly achieved | Not achieved |
| Completed therapy? | | Yes | No |
| Planned ending? | | Yes | No |
| If no, reason for unplanned ending: | | | |
| Measures | | Start of therapy | End of therapy |
| Therapist | Signature | Designation | Date/time |