



FAMILY CONNECTIONS, LLC

Supporting Opportunities for Growth & Development

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Termination of Services Report

Client: _____

Dates of Service: _____

Services Provided: _____

Treatment Summary: _____

Reason for Discharge: _____

Recommendations: _____

At time of discharge, client meets criteria for the following DSM V diagnosis/diagnoses:

Primary Disagnosis: _____

Clinician: _____ Date: _____

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