

Therapist ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

## Client Treatment Exit Form

This form should be submitted for all training cases upon final clinical encounter regardless of when or why the client/patient exited treatment.

Date of Last Clinical Contact: \_\_\_\_\_

1.	Client does not meet eligibility symptoms that would result in benefit from TF-CBT treatment protocol.	<input type="checkbox"/>
2.	Client is clinically unstable (suicidal, homicidal, active drug use, psychotic, and/or requires alternative treatment that precludes TF-CBT at this time).	<input type="checkbox"/>
3.	Client's home environment is clinically unstable (client continues to be exposed to trauma; client's caregivers are actively unsupportive).	<input type="checkbox"/>
4.	Client moved.	<input type="checkbox"/>
5.	Client's case was transferred to another Cohort-2 clinician.	<input type="checkbox"/>
6.	Client's case was transferred to another non-Cohort-2 clinician.	<input type="checkbox"/>
7.	Client's case was transferred to a clinician from the Project Best Roster.	<input type="checkbox"/>
8.	Client and/or family refused TF-CBT treatment.	<input type="checkbox"/>
9.	Client and family stopped TF-CBT treatment for the following other reason (specify): _____	<input type="checkbox"/>
10.	Client dropped out of TF-CBT treatment prior to completion for unknown reasons.	<input type="checkbox"/>
11.	<b>Client successfully completed TF-CBT protocol.</b>	<input type="checkbox"/>

**Please Note:**

Upon submission of this form to REDCap, your training case will be considered "Closed". For your case to become "Complete" and count towards your roster requirement of 2 complete cases, you must complete and submit the Post-treatment Clinical Assessment Packet.