SENIOR PEER COUNSELING PROGRAM

CASE CLOSING

Participant’s Name ____________________________________________

Counselor’s Name ____________________________________________

Date of Closure ________________________________

Reason for Closure
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please comment on how your visits benefited the participant. Thank you.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1. Should we follow up with the participant, family, SPC, or care giver? (circle one) Y__ N__

2. Is this someone to follow up with, for a PFS interest story? Yes ___ No ___

3. Name: __________________________ Relationship to participant: ________________
   Phone __________________________ E-mail ________________________________________

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