



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** _____