

A COUNSELING CENTER, P.C.
CANCELLATION & NO-SHOW FORM

Client's First Name _____

Middle Initial _____

Last Name _____

CANCELLATION

Date and Time of Appointment: _____

Date and Time of Cancellation: _____

Method of Cancellation: Answering Service Phone Contact Direct Contact

Person Canceling Appointment: Client Parent Other: _____

Reason for Cancel: None Given Reason: _____

Will See Counselor at Next Scheduled Appointment: Yes No

Have Counselor call to arrange make-up appointment: Yes No

Have Counselor call for some other reason: Yes No

Client will call again later: Yes No

Client was **rescheduled** for (day and time): _____

Results of Follow-up Call: _____

Kevin E. FitzMaurice, M.S., LPC

Date Signed _____

NO-SHOW

Date and Time of Appointment: _____

Dates and Time of Counselor's Follow-up Call: _____

Will See Counselor at Next Scheduled Appointment: Yes No

Left Message on answering machine: Yes No

Left Message with: _____ Yes No

Client was **rescheduled** for (day and time): _____

Results of Follow-up Call: _____

Kevin E. FitzMaurice, M.S., LPC

Date Signed _____