

A COUNSELING CENTER, P.C.: Follow-Up Contact Form

 Last Name First Name Middle Initial

 Street City State Zip

 Phone DOB Age Marital Status

 Social Security # Referral Source Phone

THREE MONTH FOLLOW-UP

Attempts	Due Date	Type of Contact	How Documented	Date Completed
1.				
2.				
3.				
4.				
5.				
6.				

SIX MONTH FOLLOW-UP

Attempts	Due Date	Type of Contact	How Documented	Date Completed
1.				
2.				
3.				
4.				
5.				
6.				

COMMENTS: _____

 Counselor's Signature Date Completed