

A COUNSELING CENTER, P.C.

www.kevinfitzmaurice.com

3323 North 109th Plaza, Omaha, NE 68164-2908

Phone: 402.573.7277

Fax: 402.573.7360

STAFFING FORM

CLIENT'S NAME: _____ **STAFFING DATE:** _____

DSM IV DIAGNOSIS:

Axis I: _____

Axis II: (V71.09) (799.9) or others: _____

SERVICES:

- Individual Therapy
- Family Therapy
- Group Therapy
- Other: _____
- Couple Therapy
- Medication Management
- Case Management

COUNSELOR'S COMMENTS ON THE GOALS OF SERVICE:

- Client has improved: _____
- Client has maintained progress to date: _____
- Client has deteriorated: _____
- Client has NOT been seen since the last staffing. Client last seen on _____ .
- Other: _____

COUNSELOR'S CONCERNS REGARDING SERVICE DELIVERY:

- Client has NOT showed for appointments: _____
- Client has canceled without 24-hour notice and NOT rescheduled: _____
- Client is NOT following the therapist's recommendations: _____
- Client continues to show symptoms of: _____
- Other: _____

SUPERVISOR'S RECOMMENDATIONS FOR FURTHER SERVICES:

- Continue with present treatment plan: _____
- Add the following to TX protocol: _____
- _____
- _____
- Other: _____

SUPERVISOR'S COMMENTS ON SERVICE GOALS AND DELIVERY:

SIGNED: Counselor

Kevin E. FitzMaurice, M.S., NCC, CCMHC, LPC

Date signed

SIGNED: Supervisor

Cynthia S. Topf, Ph.D.

Date signed

This file was closed on _____ . No further staffing notes are required.