Medical Case Management
Case Closure Form

Name_____   **Case #**_____

Case Opening Date_____   **Case Closure Date** _____

Summarize reasons why case is being closed. When necessary, include provisions made for continued services.

Reasons for Closure

CONTINUED SERVICES:

Referrals for Client/Family/Collaterals

Agency   For   Contact/Phone

Describe follow-up relevant to the above agencies (e.g. case summary sent)

Case Closure Conference with Client	(date)	OR
Closing Letter Sent	(date)	OR
Disenrollment form sent to client	(date)	OR
Deceased	(date)	

Case Manager:_____ Date:_____

Reviewed by: _____ Date:_____