

Client Exit Form

CLIENT DETAILS

Name: _____

Address: _____

Phone no: _____ Date of birth.: _____

Next of kin or contact person: _____

Address: _____

Phone: _____

PROGRAM/ACTIVITY DETAILS

Broadly, what programs/activities did the client access?

Children Youth Substance Abuse Training

Elderly Parenting Disabilities Health

Other (please specify): _____

Has a client feedback sheet been completed? Yes No

Reason for exit: e.g. moved location, presenting issues no longer present.

Additional comments:

EXIT APPROVAL

Referral Office/Case Worker: _____ Signature: _____ Date: _____

Supervisor/Manager: _____ Signature: _____ Date: _____