HEALTH CASE MANAGEMENT
CLOSURE SUMMARY

CLIENT NAME: _____ 14 CHAR CODE: _____

CLOSURE DATE: _____

REASON FOR CLOSURE:

☐ Death ☐ Lost to Follow-up

☐ Patient Request ☐ Transfer Out of Project

☐ Discharged from Pediatric Monitoring ☐ Discharged from Pregnancy Monitoring

☐ Other: _____

BRIEF HISTORY OF GOALS/OBJECTIVES IDENTIFIED AND THOSE OBTAINED:

REFERRALS AND RECOMMENDATIONS AT TIME OF CLOSURE:

_____ _____

Health Case Manager Signature *Date*