LCSWA Name and License Number:  
Place of Employment:  
Supervisor’s Name and License Number:  
Case Narrative applies to Review period: mm/dd/yyyy to mm/dd/yyyy

LCSWA Clinical Case Summary Outline

[Type or Print CLEARLY. The case narrative is required during each six-month reporting period, but no longer to be submitted to the Board, except upon request. The case narrative is a supervisory tool and should be reviewed in supervision, signed, and maintained by the clinical supervisor.]

Case Narrative: When preparing your case narrative, consider the bulleted information under each heading and documented when relevant in narrative form, using complete sentences. [Your narrative will replace the bulleted items.] Use pseudo name or initials for client name and location (i.e. JT or Client A, resides in a small community in rural North Carolina). Do NOT present in abbreviated or outline format.

- **HISTORY:**  
  - Identifying and Demographic Information for client (Use initials - NO real names)  
  - Social/family history  
  - Prior Criminal/Legal History  
  - Prior/Current Military Experience  
  - Chemical Use History

- **CLINICAL ASSESSMENT AND DIAGNOSIS:**  
  - Presenting Problems/Symptoms and Referral Source  
  - Summary of Prior Counseling/Treatment History  
  - Mental Status Exam  
  - Clinical Impressions and Diagnostic Summary  
  - Diagnosis (DSM-IV-TR using all 5 Axis)

- **TREATMENT:**  
  - Treatment Plan/Goals  
  - Identify treatment strategies/modalities used by you, including rationale for use  
  - Describe HOW you carried out treatment strategies, including how you used the therapeutic relationship to implement intervention strategies  
  - Client’s response to treatment  
  - Termination/transfer assessment, plan, and process