

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 document 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 as defined in 21 NCAC 63 .0102(13)

➤ **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