

DON'T FORGET TO CLOSE THE LOOP!

Thank you.

DETAILS OF REFERRAL CLOSURE

Referral Completed? Yes No Explain: _____

Service (s) Provided:

Date & Time:

Client declined referral **Reason** (if applicable): _____

Client accepted referral

Additional follow-up needed (Please provide more details of services.)

Who will follow-up on additional services needed? _____

Client placed on wait list

How long? _____

Who will contact? _____

Referral for other services: