

DIAGNOSTIC SUMMARY REPORT

The following format should be followed when typing diagnostic summary reports for clients entering therapy who have been referred by another agency.

IDENTIFICATION

NAME: Boy Doe
CLINIC NUMBER:
DATE OF BIRTH: 9-9-99
PARENTS (IF APPLICABLE): Mr. & Mrs. Parent Doe
ADDRESS: 99 University Drive
Hattiesburg, MS 39401
TELEPHONE: (601) 999-9999
REFERRAL SOURCE (IF APPLICABLE): Dr. Juan Doe
DATE OF EVALUATION: 9/9/99
GRADUATE CLINICIANS: Student #1
Student #2
SUPERVISOR: Juanita Doe, M.S./Ph.D., CCC-SLP

SUMMARY OF PREVIOUS FINDINGS FROM THE REFERRING AGENCY

SUMMARY OF CURRENT FINDINGS BASED ON ASSESSMENT DATA

CLINICAL IMPRESSIONS

RECOMMENDATIONS FOR TREATMENT

Student #1, Graduate Clinician

Student #2, Graduate Clinician

SUPERVISOR, CCC-SLP

Date

cc: Dr. Juan Doe