

MID-OHIO PSYCHOLOGICAL SERVICES, INC.
CLIENT SERVICE/PROGRAM CHANGE WITHIN MOPS

Client Name: _____ ID#: _____ Date of Change: _____

Current Program(s)/Service(s)

Services	Programs
____ Individual Therapy	____ MOPS General Program ____ Sexually Aggressive Youth Program
____ Formal Evaluation	____ Court Diversion Program ____ Parenting Intervention Program
____ Medication/Somatic	____ Municipal Court Program ____ Anger Management Program
____ Case Management	____ Sex Offender Program
____ Group	____ Sexual Survivors

Primary Therapist: _____ Supervisor: _____

Client was: transferred referred enrolled for additional service/program
 discharged from this program (but remains in other agency programs):

Services	Programs
____ Individual Therapy	____ MOPS General Program ____ Sexually Aggressive Youth Program
____ Formal Evaluation	____ Court Diversion Program ____ Parenting Intervention Program
____ Medication/Somatic	____ Municipal Court Program ____ Anger Management Program
____ Case Management	____ Sex Offender Program
____ Group	____ Sexual Survivors

Service/Program Therapist: _____ Supervisor: _____

Reason(s) for the change?

Financial Implications discussed with client/guardian?

Yes ____ No ____ If No, why not?

Reason(s) explained to the client/guardian?

Yes ____ No ____ If No, why not?

Did the client/guardian participate in the transfer/referral/enrollment or program discharge?

Yes ____ No ____ If No, why not?

What was the client/guardian's response to the change?

Current Primary Therapist

Supervisor

Client not available to be given a copy of the case closure

Client offered a copy of the case closure but did not want one

*Note: Any change in a **program** requires a corresponding program enrollment/discharge to be completed.