

**Monthly Summary for \_\_\_\_\_**  
(Month/Year)

In order for the QA Committee to better track information, it is necessary for each clinician to fill out the following information and return to the QA Committee at the end of each month. Please place the completed form in Shawna's box by the 10<sup>th</sup> of the month following the month of the summary (ie. February 10<sup>th</sup> for January's summary). This form must be completed every month.

List any workshops attended during the month to attain CEU's:

Workshop Name	Dates attended	# of CEU=s

List any referrals you made to other agencies during the previous month:

Client #	Client Name	Reason for Referral	Agency

List any tranfers you made to psychiatric hospitals during the previous month:

Client #	Client Name	Date of transfer	Hospital

List clients released from psychiatric hospitals:

Client #	Client Name	Date admitted/ Date released	Date seen post release	Hospital

Therapist's signature: \_\_\_\_\_ Date: \_\_\_\_\_