



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152  
Confidential Clinical Numbers: Phone 512-494-1007  
Fax 512-542-9965 www.simsfoundation.org

**PROVIDER SERVICE SUMMARY**

*(Please Print)*

Provider Name:	Date Submitted:
Client Name:	Client #:
Date of first appointment:	Total # of sessions to date:
<b>Please check the reason for submitting this form:</b>	
<input type="checkbox"/> Initiation of services <input type="checkbox"/> Request for continuation of services <input type="checkbox"/> Termination	
<b>Reason for Termination (if applicable):</b>	
<input type="checkbox"/> Goals Achieved <input type="checkbox"/> Provider Initiated—incomplete <input type="checkbox"/> Client initiated—incomplete <input type="checkbox"/> Other _____	
<b>Date of client's final appointment with you:</b> ____/____/____	
<b>DIAGNOSIS:</b> <i>(Please include BOTH numerical listing and name of diagnoses)</i>	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V:	
Please indicate the prognosis at this time for services to this client (psych providers please include medications prescribed):	
Length of services anticipated for this client:	
<b>THERAPEUTIC GOALS:</b> <i>(should be stated in measurable terms)</i>	
Goal #1:	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawn <input type="checkbox"/> Referred
Goal #2:	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawn <input type="checkbox"/> Referred
Goal #3:	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawn <input type="checkbox"/> Referred
Goal #4:	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawn <input type="checkbox"/> Referred
Goal #5:	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawn <input type="checkbox"/> Referred
<b>Provider Signature:</b> _____ <b>Date:</b> _____	