

“Control Case Summary”

Case ID	Referral Call	Scheduled Intake Date (*)		Actual Intake Apt	Scheduled Assessment Apt (*)		Actual Assessment Apt	Scheduled Therapist Apt (*)		Actual Therapist Apt	Scheduled Psychiatrist Apt (*)		Actual Psychiatrist Apt
	Date	Date	# No Shows	Date	Date	# No Shows	Date	Date	# No Shows	Date	Date	# No Shows	

(*) For each of the sections marked with (*) indicate the initial scheduled appointment date. Also enter the number of no-shows or cancellations that occurred prior to having an actual appointment of this type (if the client made the originally scheduled apt then enter 0). Then in the column to the right indicate the date that the appointment of this type actually occurred (if there were no “no-shows” or “cancellations” then this would be the same as the originally scheduled date). If the client never followed through with the appointment leave the remaining entries for this case blank.