

Case Management Form

Case Information

Case ID:

Date Opened:

Case Manager:

Client Information

Name:

Date of Birth:

Contact Information:

Emergency Contact:

Case Background

Brief Description of the Case:

Initial Assessment

Key Issues/Needs Identified:

1.

2.

Initial Goals/Objectives

1.

2.

Service Plan

Interventions/Services Proposed:

1.

2.

Target Dates for Goals:

1.

2.

Progress Tracking

Date:

Notes:

Date:

Notes:

Date:

Notes:

Date:

Notes:

Date:

Notes:

Outcome and Evaluation

Goals Achieved:

1.

2.

Overall Case Outcome:

Follow-Up Plan

Next Steps/Actions

1.

2.

Case Closure Information

Date Closed:

Closure Reason:

Additional Notes

Case Manager Signature

Date:

Disclaimer: This Case Management Form is for organizational purposes and does not replace professional judgment. Use it as a guide for structured case handling.