

Roanoke Resource LLC  
Case Manager Report

Name of Case Manager:	
Date of Report:	
Consumer Name:	
Record Number:	
Date of Birth:	

This letter is to provide you with a summary of the services provided to the above named consumer over the past month. The following services were provided:

<u>Type of Appointment</u>	<u>Number of Appointments</u>
Mental Health Support Services	
Psychiatrist	
Counseling	
Hospitalization	(No. of days admitted)
Other:	

**Description of the focus of services and progress of current goals and objectives:**

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Employee Signature and Credentials

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Date