

PFM Case Activity Notes

Use this form to document contact and activity pertaining to a PFM case record. File this form in the PFM case record.

Client's Name:

Initial Contact Date:

Nature of Financial Issue(s):

Plan of Action:

Next Scheduled Appointment:

PFM Counselor:

Signature:

Follow-up Contact Date:

Summary/Changes to Plan of Action:

Next Scheduled Appointment:

PFM Counselor:

Signature:

Follow-up Contact Date:

Summary/Changes to Plan of Action:

Next Scheduled Appointment:

PFM Counselor:

Signature:

Follow-up Contact Date:

Summary/Changes to Plan of Action:

Next Scheduled Appointment:

PFM Counselor:

Signature:

Follow-up Contact Date:

Summary/Changes to Plan of Action:

Next Scheduled Appointment:

PFM Counselor:

Signature:

Closing Date:

Closing Summary:

PFM Counselor:

Signature: