

**Boston Graduate School of Psychoanalysis  
Therapy Center  
CASE INFORMATION FORM**

Date of Initial Contact \_\_\_\_\_ (phone contact to arrange intake)

Date of intake session \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Gender:  male  female  other Date of birth \_\_\_\_\_

Sexual orientation:  heterosexual  homosexual  bisexual  other

Referred By \_\_\_\_\_

- BGSP affiliate  online  yellow pages  1-800-Therapist  
 friend or family member  postcard  other  
 professional (e.g. doctor or chiropractor)  flyer  unknown

Race/Ethnicity:  Caucasian  African-American  Hispanic  
 Asian  other

Marital Status:  single  married  separated  divorced  widowed

Children:  yes  no Number of children living in home at least part time \_\_\_\_\_

Education (highest level completed)  elementary  high school  trade school  
 some college  2-yr. College  4-yr. College  graduate school

Primary Occupation:  licensed trade  blue collar  white collar  
 professional  creative arts  homemaker  student

Employment status:  unemployed  disabled  
 full-time (greater or equal to 30 hrs/wk)  part-time (less than 30 hrs/wk)

Health problems reported:  yes  no

If yes, describe: \_\_\_\_\_

Medications:  yes  no

If yes, describe: \_\_\_\_\_

Legal problems reported:  yes  no

If yes, describe: \_\_\_\_\_

Chief complaint (reason, in patient's words, for seeking treatment): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason(s) patient seeking treatment:

- stress  marital problems  career issues  not satisfied with life
- anger  family/parenting issues  work problems  3<sup>rd</sup> party suggestion
- depression  family of origin issues  behavior problems (e.g., court, school, parent, spouse)
- anxiety  relationship issues  sexual issues  gender issues
- desire for relationship  drug or alcohol abuse  traumatic incident  other

Previous mental health treatment:

- none
- previous therapists # of therapists \_\_\_\_\_  
approx. # of sessions with last therapist \_\_\_\_\_  
Degree of satisfaction with last therapist 1 2 3 4 5  
(1= least satisfied, 3=neutral, 5= not satisfied)

Reason for termination with last therapist:  money problems  patient moved away

therapist terminated  felt better  had had enough for now  other \_\_\_\_\_

hospitalizations approx. # \_\_\_\_\_

day treatment program

substance abuse treatment

club-house or drop-in

A.A., N.A., or other self-help

BGSP Therapist \_\_\_\_\_

BGSP supervisor \_\_\_\_\_ Type of supervision:  PT 211  PT 311  PT 411

Contract:  yes  no

If yes, fee \_\_\_\_\_

Frequency of sessions:  1x week  1x month

2x week  2x month