

The Therapy Center  
Boston Graduate School of Psychoanalysis  
Therapist Intake

To be handed in after consultation with the supervisor

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of intake sessions: \_\_\_\_\_

Intake fee paid? Yes\_\_ No\_\_      Format: Check                      Cash

Contract? Yes\_\_ No\_\_

If yes,      Frequency of sessions:

- 1X week
- 1X month
- 2X week
- 2X month
- Other
- Fee \_\_\_\_\_

Patient name: \_\_\_\_\_

(First)                                      (Last)                                      (Middle Initial)

Address: \_\_\_\_\_

(Street)                                      (City/Town)                                      (State)                                      (ZIP)

Chief Complaint:  
\_\_\_\_\_  
\_\_\_\_\_

Therapist's assessment of patient's reason(s) for seeking treatment (Check all that apply):

- Stress
- Anger
- Depression
- Anxiety
- Traumatic Experience
- Marital problems
- Family/parenting issues
- Relationship issues
- Career issues
- Work problems
- School issues
- Behavior problems
- Sexual issues
- Identity issues
- Wanting to know myself better
- Not satisfied with life
- Drug or alcohol abuse
- Other \_\_\_\_\_

Previous mental health treatment:

Has patient ever seen a psychotherapist before? Yes\_\_\_ No\_\_\_

If yes, therapist's assessment of patient's reason (s) for termination with last therapist:

- Was not helpful
- Financial
- Therapist terminated
- Patient moved away
- Had enough for now
- Felt better
- Other\_\_\_\_\_

**TO BE COMPLETED WITH THE SUPERVISOR**

Provisional DSM Diagnosis:

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Thoughts on psychoanalytic diagnosis:

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Therapist name: \_\_\_\_\_

Fellow: \_\_\_\_\_

Name of supervisor for this patient: \_\_\_\_\_

- 211
- 311
- 411
- 611