[](http://wcspp.org/)

**ADULT APPLICATION FOR PSYCHOTHERAPY OR PSYCHOANALYSIS SERVICES**

Thank you for your interest in WCSPP. We are committed to provide high-quality psychotherapy to people in need throughout Westchester, Rockland and Fairfield, CT counties as well as the Bronx. Your application will be considered thoughtfully, and we will do our best to pair you with a therapist as quickly as possible. It takes approximately one week to process each application. Please be aware that we are not equipped to offer services to those in immediate crisis. If you are in crisis, we recommend that you contact your local hospital emergency center. In the event that we are not able to assign you to a clinician in one of our training programs, we will provide you with another referral. If you have any questions, please feel free to contact the Psychotherapy Service at 914-997-7500.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If currently a student, please list school and year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about WCSPP? Relationship status (please circle):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Married Single Committed Separated Divorced Widowed

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Previous experience with outpatient psychotherapy? Yes No If yes, when and with whom?

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Family Members Living in Household (name, relationship to applicant, age):

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WCSPP, 468 Rosedale Avenue, White Plains, NY 10605 T: 914-997-7500 F: 914-997-7501 www.wcspp.org info@wcspp.org

Have you ever been hospitalized for a psychiatric illness? Yes No If yes, when, where and why?

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Have you ever had suicidal thoughts? Yes No If yes, please describe:

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Have you ever made a suicide attempt? Yes No If yes, please specify number of attempts, when and how:

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Are you currently using alcohol or substances? Yes No If yes, please describe:

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Do you have a history of alcohol or substance abuse? Yes No If yes, please describe:

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Do you have ongoing and/or current medical problems? Yes No If yes, please describe:

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Are you currently taking any medication, including psychiatric medication? Yes No If yes, please

list and describe:

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How would you describe the level of emotional support you receive from family and friends?

(please circle)

Support from family: strong moderate low none

Support from friends: strong moderate low none

We will set your fee based on a sliding scale of your income, including family/partner income.

What is your weekly income?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your family weekly income?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to schedule appointments between the hours of 9-5pm? Yes No

If No, what hours are possible for you to schedule appointments?

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Please describe your reason for seeking psychotherapy at this time. Describe your concerns, how long they have lasted and how you hope therapy will help you. (Feel free to use as much space as you need).

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have consented to psychotherapy with a candidate. WCSPP candidates are masters or doctoral level clinicians enrolled in our postgraduate training programs. I understand that WCSPP provides education and training to candidates, which involves clinical consultation or supervision with WCSPP faculty and other qualified mental health professionals regarding the services they provide.  ***I further understand that WCSPP does not permit the use of health insurance plans.\**** WCSPP is committed to maintain the utmost confidentiality.

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Signature Date

Please mail or fax completed application to:

WCSPP Attn: Administrator

468 Rosedale Ave, White Plains, NY 10605

T: 914-997-7500 F: 914-997-7501

E: [info@wcspp.org](mailto:info@wcspp.org) W: [www.wcspp.org](http://www.wcspp.org)