

**ADULT APPLICATION FOR PSYCHOTHERAPY OR PSYCHOANALYSIS SERVICES**

WCSPP provides psychoanalysis and psychotherapy at an affordable cost to adults. Our therapists are enrolled in our postgraduate training program and receive weekly supervision from senior faculty members. Fees are based on a sliding scale of $30- $55 to help those with financial limitations. A commitment of 40 weeks of once or twice weekly treatment is required. Patients are seen in private offices. We are not equipped to offer services to those in crisis or seek short term counseling. If you are experiencing an emergency, we recommend that you contact your local hospital emergency center.

The application process takes approximately two weeks. Upon receipt of your application, we will contact you to briefly discuss your needs on the phone. We will consider your application thoughtfully and determine whether we can place you with a therapist in our training program. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about WCSPP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship status (please circle): Married Single Committed Separated Divorced Widowed

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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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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What days and hours are you available 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

1889 Palmer Ave, Suite 6, Larchmont, NY 10538

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

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