

The Center for Psychoanalytic Training and Research  
Columbia University  
1051 Riverside Drive, New York, NY 10032  
646-774-8625

**Application for Psychoanalysis**

date:

name:

address:

home phone:

work phone:

year of birth:

occupation:

gender:

marital status: S  M  D  W

domestic partner:

children:

age:

sex:

personal monthly income:

*other monthly income:*

How did you hear about the Center program? (check all that apply)

\_\_\_ Other mental health professional. Please name \_\_\_\_\_

\_\_\_ Other non-mental health professional. Please indicate \_\_\_\_\_

\_\_\_ Advertisement. Please note where \_\_\_\_\_

\_\_\_ Internet \_\_\_\_\_

\_\_\_ Other. Please note \_\_\_\_\_

What previous psychiatric or psychotherapeutic help, if any, have you had?

Name and address of your treating doctor or therapist:

May we get in touch with them?

(if yes, please sign attached consent form)

yes  no

Have you been hospitalized for psychiatric problems?

yes  no

if yes,  
diagnosis:

treatment:

when:

where:

Has anyone else in your family undergone psychiatric treatment?

if yes, indicate relationship:

yes  no

Are you at present on any form of medication?

if yes, please cite

yes  no

Have you ever been told or wondered if you have a problem managing alcohol or other substances?

if yes, please describe

yes  no

Have you ever thought about suicide, tried to kill or harm yourself, or engaged in behaviors such as cutting yourself?

yes  no

if yes, please describe

Do you have, or have you ever had, any persistent or recurrent physical symptoms or problems with your health?

yes  no

if yes, please describe

Have you been hospitalized or consulted a physician in the past ten years for medical or surgical reasons?

yes  no

if yes, please describe

name and address of physician or hospital

may we get in touch with them?

yes  no

(if yes, please sign last the attached consent form)

Have you applied to the Center previously?

yes  no

if yes, please give year:

Do you have medical insurance coverage currently?

yes  no

name of company:

policy and/or group numbers:

1) What are your reasons for seeking help at this time and how might psychoanalysis help you?

2) Please describe the history of your emotional and psychological difficulties and prior efforts to deal with them.

3) Please describe your family background and your personal history.

4) Please describe the people currently most important to you and your feelings.

5) What aspects of your life give you satisfaction?

Which times and locations would be convenient for you to be seen for a consultation?

- early morning (before work)  
 middle of the day  
 late afternoon/early evening

- Upper East Side  
 Upper West Side  
 Downtown  
 Westchester  
 Brooklyn  
 Queens/Long Island

Do you plan to apply, or have you applied to any other clinic?

yes  no

if so, please give details below:

name and address of clinic:

date of application:

Applicants will be considered regardless of race, color, religion, national origin, age, sex, sexual orientation, gender identity, marital status or disability in accordance with New York State and Federal law.

The data in this application will be available only to those professional people whose responsibility it is to decide on acceptance at the Center.

Please, use additional paper if necessary.

The Center for Psychoanalytic Training and Research  
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1051 Riverside Drive, New York, NY 10032  
212-927-5000

This is to give permission to the Psychoanalytic Center to secure from therapist or agency any information pertinent to processing my application for treatment.

date: \_\_\_\_\_

signed: \_\_\_\_\_



### *Consultation Information*

The Columbia University Center for Psychoanalytic Training and Research was established in 1945 in the Department of Psychiatry of the Columbia University College of Physicians and Surgeons to provide high quality psychoanalytic treatment for patients, to train candidates in psychoanalysis and to conduct research to further understand the mechanisms of action and effectiveness of psychoanalysis. The Center was founded with the belief that psychoanalytic training could enrich and be enriched by a University setting where the biological, social sciences and humanities dimensions could be fully integrated.

Patients applying for treatment to the Center are carefully evaluated to be sure that undertaking an analysis is in their best interests at this time. Our evaluation process has several parts which help both the Admissions service and you evaluate your current situation. First, applicants are mailed an application form to complete. This form asks for information regarding current life circumstances, past treatment, physical health and reasons for seeking analytic treatment at the present time.

Once we have received the application form, it will be reviewed by our Admissions Service. If we have questions that were not answered on the form, we will contact you to discuss them. If we feel that you would benefit from a consultation, we will contact you to schedule an interview to begin the intake process. First, we will send you a letter with the contact information for one of our clinicians for you to contact for an appointment. A clinical interview will be scheduled to explore aspects of your past history and current life issues in greater detail. Most applicants are seen for several sessions to complete this process; having several different opportunities to reflect on your experiences may give you a better sense of the nature of psychoanalytic treatment as well as giving the doctor conducting your evaluation a chance to formulate an impression of what type of treatment is best for you. The fee for the initial evaluation session is \$35 and each additional session is \$15. The doctor evaluating you for analysis may or may not be the analyst who will be treating you if you undertake analytic treatment. The evaluating doctor will, however, write a detailed report about your evaluation. The evaluating clinician may wish, with your consent, to contact previous therapists or physicians who have treated you in the past to gather additional information regarding your history.

Following your evaluation, the evaluating analyst will notify you as soon as possible, usually within a month, about what form of treatment appears indicated. If analysis is not considered the most appropriate form of treatment for you at this time, we will help you find a referral for the appropriate type of treatment. If analysis is the treatment of choice, we will pair you with a candidate (analyst-in-training) at the Center who will contact you to begin treatment. Your analyst will speak with you about the details of scheduling, will set a fee with you based upon your income and will provide you with the information you need to know to begin treatment.

Psychoanalytic treatment consists of four sessions weekly with the patient lying on a couch, which helps facilitate self-reflection. It often continues for 4 to 6 years. All analyses at the Columbia University Center for Psychoanalytic Training and Research are conducted by candidates (analysts-in-training) under the supervision of a senior supervising psychoanalyst from the faculty of the Center. This supervision, combined with the high caliber of our candidates, helps to ensure that you will receive good treatment.

You should also be aware that because of the educational mission of the Center, material from your analysis may be discussed at clinical conferences within the Center. In any circumstance where material from your analysis is used for teaching or research purposes, anonymity and confidentiality are always carefully preserved by using a case number only for identification purposes and by eliminating any potentially identifying details.

Finally, we would also like you to know that our Center has traditionally been a leader in psychoanalytic research and currently has several projects in progress. You will be asked to consent to the use of your case records for research purposes within the Center. Your active participation in the research is voluntary and unrelated to your psychoanalytic treatment. In the past our patients and analysts have been supportive of research efforts at the Center, which represent our attempt to further develop our knowledge and understanding of psychoanalytic treatment.

We look forward to your application to our Center and will do our best to meet your evaluation and treatment needs in an efficient, thorough and respectful manner. The Admissions Service staff would be happy to answer any questions you may have and may be reached at 646-774-8625. Please sign below indicating that you have read and understood the above information and return with your application form.

*I have read and understood the Consultation Information for Applicants regarding psychoanalytic treatment and the process of evaluation, treatment and research at the Columbia University Center for Psychoanalytic Training and Research.*

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

Signed: \_\_\_\_\_