

**THE PSYCHOANALYTIC CLINIC**  
OF THE WESTERN NEW ENGLAND  
INSTITUTE FOR PSYCHOANALYSIS  
255 BRADLEY STREET  
NEW HAVEN, CT 06510

**APPLICATION FOR PSYCHOANALYTIC TREATMENT**

A series of personal discussions may be necessary to determine whether psychoanalysis under the auspices of the Institute is indicated and possible. We wish to emphasize that no inferences as to the severity of illness can be drawn from the sheer fact of acceptance or non-acceptance for psychoanalysis. If you are not accepted for analysis, you are advised to return to the professional person who made the referral. The applicant should understand that the facilities for treatment are limited. The applicant should also be aware that, even if treatment can be offered, there may be a long wait before it begins.

Please enclose a check for \$20.00 to cover the cost of processing your application. The check should be payable to "W.N.E.I.P." This application and all other correspondence should be forwarded to:  
The Psychoanalytic Clinic  
255 Bradley Street,  
New Haven, CT 06510

After the medical referral and your application have been received, we shall inform you how to proceed.  
**PLEASE FILL OUT THIS FORM CAREFULLY AND COMPLETELY (TYPE OR PRINT CLEARLY)**

Name \_\_\_\_\_ MaidenName \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Occupation \_\_\_\_\_

Referred by \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation of Spouse \_\_\_\_\_

Date(s) of Marriage(s) \_\_\_\_\_

Age and gender of children (no names please): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2

Family Background: Please list parents and siblings (no names please), giving in each instance age, marital and occupational status, major illnesses or accidents and, if any has died, year of death and cause.

---

---

---

---

---

---

---

---

Outline of Occupational History (please list principal jobs, their nature and places, with dates).

---

---

---

---

---

---

---

---

---

---

Education (schools attended with dates, degrees or highest grades completed):

---

---

---

---

---

**3**

Place of birth and principal residences thereafter:

---

---

---

---

---

Medical History (list, with dates, all important medical or surgical illnesses including important injuries)

---

---

---

---

---

---

---

---

Psychiatric (list, with dates and names, all consultations and previous psychotherapy and psychoanalysis, including consultations with psychologists, social workers, or guidance counselors)

---

---

---

---

---

---

---

---

---

---

---



**5**

Please specify any times during the week you are unavailable for interviews:

---

---

---

---

Are you able to travel within Connecticut for your preliminary interviews (e.g., to New Haven, Hartford)?

---

---

---

---

**I authorize The Psychoanalytic Clinic of The Western New England Institute for Psychoanalysis to obtain from professional sources whatever information it deems necessary for diagnosis and treatment.**

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_