

C.G. Jung Institute Low-Fee Referral Service



28 East 39th Street • New York, NY 10016 • (212) 867-8461

DATE: _____

1. NAME: _____
(last) (first) (middle/maiden)

2. ADDRESS: _____
(number) (street) (city) (state) (zip)
code

3. HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

4. EMAIL: _____

5. DATE OF BIRTH: _____ AGE: _____ SEX: _____
(month) (day) (year)

6. PLACE OF BIRTH: _____
(city) (state) (country)

7. EMERGENCY CONTACT: NAME _____
RELATIONSHIP _____ PHONE _____

8. RELIGION (if any): _____

9. OCCUPATION TRAINED FOR: _____

10. PRESENT POSITION: _____
(if self-employed, or unemployed, please indicate)

11. CURRENT EMPLOYER: _____

12. FULL TIME: _____ PART TIME: _____ AVERAGE TOTAL WEEKLY INCOME: _____

13. WHAT AMOUNT DO YOU FEEL YOU CAN PAY FOR TREATMENT ON A WEEKLY BASIS? _____ Your gross weekly income _____ Net income _____

13. HUSBAND, WIFE OR PARTNER'S GROSS WEEKLY INCOME _____

14. OTHER INCOME _____

15. VALUE OF RESOURCES (savings, property, investments, stocks, etc.) _____

16. DO YOU HAVE INSURANCE THAT COVERS PSYCHOLOGICAL SERVICES? _____
IF 'YES' PLEASE INDICATE AMOUNT AND TYPE OF COVERAGE



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17. PLEASE LIST NAMES AND RELATIONSHIP OF THOSE PERSONS WHO ARE FINANCIALLY DEPENDENT UPON YOU:

NAME RELATIONSHIP

18. MONTHLY RENT _____

19. PLEASE LIST THE TYPE AND AMOUNT OF ANY UNUSUAL DEBTS, EXPENSES AND/OR FINANCIAL OBLIGATIONS YOU HAVE, AND THE AMOUNT YOU PAY MONTHLY TOWARD THEM. A complete copy of your most recent income tax return must be attached to this application form when it is forwarded to the Institute.

20. EDUCATION: (please circle the highest year completed in each category)

a. (1) High School 9 10 11 12
(2) College 1 2 3 4 5 6 (major)
(3) Graduate/professional 1 2 3 4 5 6 7 8 (major)

b. Other (specify type of school and number of years attended):

21. WHAT IS THE HIGHEST ACADEMIC DIPLOMA/DEGREE YOU HAVE RECEIVED:

(diploma/degree) (year) (school)

22. ARE YOU PRESENTLY ATTENDING SCHOOL FULL TIME: _____ PART TIME: _____

23. CURRENT MARITAL STATUS (DATE): Single _____ Partnered _____
Married _____ Separated _____
Divorced _____ Widowed _____
Remarried _____

24. Spouse's age: _____

25. Spouse's occupation: _____

26. Does s/he work: _____ Full Time: _____ Part Time: _____



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27. How many children do you have: _____

Please complete the following for each child:

NAME	SEX	DATE OF BIRTH	IF APPLICABLE, DATE OF DEATH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. HOW MANY OTHER PERSONS LIVE IN YOUR HOUSEHOLD: _____

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

29. PARENTAL INFORMATION:

	FATHER	MOTHER
Place of birth (country)	_____	_____
Parents' age, if living	_____	_____
If deceased, age at death	_____	_____
If deceased, how old were you at the time of death	_____	_____
Years of schooling completed	_____	_____
Occupation	_____	_____

30. WERE YOUR PARENTS EVER SEPARATED _____ DIVORCED _____

(If 'yes' to either, please complete the following:)

- a) How old were you at the time of your parents' separation or divorce: _____
- b) If divorced, did your father remarry _____ Your age at the time _____
- c) Is your step-mother living or deceased _____ Your age at the time (if deceased) _____
- d) If divorced, did your mother remarry _____ Your age at the time _____
- e) Is your stepfather living or deceased _____ Your age at the time (if deceased) _____



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31. PLEASE LIST ALL YOUR NATURAL BROTHERS AND SISTERS. STARTING WITH THE OLDEST,WRITE MALE OR FEMALE AND PRESENT AGE OF EACH. (If not living , write 'D' and age at time of death). LIST YOURSELF IN ORDER OF YOUR PRESENT AGE AS 'ME':

Oldest: 1. Sex _____ age _____ 4. Sex _____ age _____
2. Sex _____ age _____ 5. Sex _____ age _____
3. Sex _____ age _____ 6. Sex _____ age _____

32. PLEASE LIST ALL YOUR STEP-AND/OR HALF BROTHERS AND SISTERS. STARTING WITH OLDEST, WRITE MALE OR FEMALE AND PRESENT AGE FOR EACH:

Oldest 1. Sex _____ age _____ 3. Sex _____ age _____
2. Sex _____ age _____ 4. Sex _____ age _____

33. HAS ANY MEMBER OF YOUR FAMILY EVER HAD TREATMENT FOR PSYCHOLOGICAL ISSUES? If yes , who, and for what issues?

Three horizontal lines for writing the answer to question 33.

34. HAVE YOU HAD ANY PAST OPERATIONS, HOSPITALIZATIONS, SERIOUS ILLNESSES AND/OR DISABILITIES: Please specify age at onset, duration of each, and status of condition

35. AT PRESENT DO YOU HAVE ANY SERIOUS ILLNESS AND/OR DISABILITIES: Please specify age at onset, duration of each, treatment received, and current status of condition.

36. IF YOU HAVE RECEIVED, OR ARE PRESENTLY RECEIVING HELP OR CONSULTATION FOR PERSONAL/EMOTIONAL PROBLEMS, PLEASE GIVE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE PSYCHOTHERAPISTS, HOSPITALS AND/OR AGENCIES INVOLVED, AND THE APPROXIMATE DATES OF EACH CONTACT. NO ONE WILL BE CONTACTED WITHOUT YOUR WRITTEN PERMISSION.



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37. ARE YOU CURRENTLY TAKING MEDICATION FOR ANY EMOTIONAL OR PHYSICAL PROBLEMS?

If so, what medication are you taking _____

What dosage _____

Name, address and telephone of physician _____

38. DATE OF YOUR LAST: a. physical exam _____

b. gynecological exam, if applicable _____

c. dental examination _____

39. BY WHOM (INDIVIDUAL, AGENCY OR HOSPITAL) WERE YOU REFERRED?

(name)

(address)

(telephone)

40. IF YOU WERE NOT REFERRED, WHERE DID YOU HEAR ABOUT US?

41. WHAT DAYS AND TIMES ARE YOU ABLE TO COME FOR TREATMENT?

PLEASE STATE IN DETAIL YOUR REASONS FOR SEEKING TO WORK WITH A JUNGIAN THERAPIST, INCLUDING ANY PRESENT DIFFICULTIES AND HOW LONG THEY HAVE EXISTED. *(Continue on the next page and another sheet, if necessary. Please complete questionnaire and sign and date the back page).*

Signed: _____ Date: _____