

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: _____ MOBILE 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 _____

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

15. OTHER INCOME _____

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

17. DO YOU HAVE INSURANCE THAT COVERS PSYCHOLOGICAL SERVICES?
(If 'yes' please indicate amount and type of coverage.)

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

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

19. MONTHLY RENT _____

20. 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.**

21. 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):

22. WHAT IS THE HIGHEST ACADEMIC DIPLOMA/DEGREE YOU HAVE RECEIVED?

(diploma/degree) _____ (year) _____ (school) _____

23. ARE YOU PRESENTLY ATTENDING SCHOOL FULL TIME? _____ PART TIME? _____

24. CURRENT MARITAL STATUS (date) Single _____ Partnered _____

Married _____ Separated _____

Divorced _____ Widowed _____

Remarried _____

25. SPOUSE'S AGE: _____

26. SPOUSE'S OCCUPATION: _____

27. DOES S/HE WORK? _____ FULL TIME: _____ PART TIME: _____

28. HOW MANY CHILDREN DO YOU HAVE?
Please complete the following for each child:

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

29. HOW MANY OTHER PERSONS LIVE IN YOUR HOUSEHOLD? _____

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

30. PARENTAL INFORMATION:

	FATHER	MOTHER
Place of birth (<i>country</i>)	_____	_____
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	_____	_____

31. 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) _____

32. PLEASE LIST ALL YOUR BIOLOGICAL 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 _____

33. 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 _____ 4. Sex _____ age _____
2. Sex _____ age _____ 5. Sex _____ age _____
3. Sex _____ age _____ 6. Sex _____ age _____

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

35. HAVE YOU HAD ANY PAST OPERATIONS, HOSPITALIZATIONS, SERIOUS ILLNESSES AND/OR DISABILITIES? *(Please specify age at onset, duration of each, and status of condition.)*

36. 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.)*

37. 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.

38. 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 _____

What psychopharmacological medications have you taken in the past, if any? _____

39. DATE OF YOUR LAST:

a. Physical exam _____

b. Gynecological exam, if applicable _____

c. Dental examination _____

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

(name) _____ (address) _____ (telephone) _____

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

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