

**BOSTON GRADUATE SCHOOL OF PSYCHOANALYSIS**  
**Therapy Center Continuing Intake Form**

During the period of continuing intake, while the patient and the therapist are deciding if they want to work together, there should be a brief summary for each meeting. Include the supervisors' recommendations for each entry. When an agreement has been reached, indicate the fee and the number of sessions per week. If an agreement cannot be made, write a termination form.

Please note any circumstances that suggest the patient should be seen for diagnostic consultation by a faculty member. Sensitive areas include suicidal or homicidal intention, life threatening illness, dubious motivation (legal entanglements), or any other situation which might make the case a liability for you, the patient or the Therapy Center.

Date \_\_\_\_\_ Patient \_\_\_\_\_ Therapist \_\_\_\_\_ Session # 1

Date \_\_\_\_\_ Patient \_\_\_\_\_ Therapist \_\_\_\_\_ Session # 2

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Date \_\_\_\_\_ Patient \_\_\_\_\_ Therapist \_\_\_\_\_ Session # 3

Date \_\_\_\_\_ Patient \_\_\_\_\_ Therapist \_\_\_\_\_ Session # 4

Date \_\_\_\_\_ Patient \_\_\_\_\_ Therapist \_\_\_\_\_ Session # 5