



THE INSTITUTE FOR EXPRESSIVE ANALYSIS

PROGRESS REPORT (DUE IN JUNE)

Date _____ Therapist _____

Patient _____

Date Referred _____

Number of sessions to date _____ Number of Sessions / Week _____

Referral Fee _____ Current Fee _____

Explain any fee change (Date, Reason, and approval by supervisor)

Current Diagnosis _____

Explain any “acting out” problems (Such as-suicidal ideations, drug abuse, intensification of symptoms, etc)

Major Defenses _____

Nature of Transference _____

Summary of treatment: Please include a brief summary on back of this form.

THERAPIST _____ DATE _____

SUPERVISOR _____ DATE _____

Please keep a copy of this form for your records and mail a signed copy to IEA CC Director:

Gail Elkin-Scott ATR-BC, LCAT, LP
32 Union Square East, Suite 1218, New York, NY 10003