**Chicago Center for Psychoanalysis**

**PO Box 268017**

**Chicago IL 60626**

**Supervised Psychoanalysis: Case Opening Report**

Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have begun my (*first, second, third*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ supervised psychoanalytic

case on (*date*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will see this person \_\_\_\_\_\_\_\_\_\_\_ times per week.
Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will meet with *her/him* \_\_\_\_\_\_\_\_\_\_\_\_\_(*weekly, bi-weekly)*.
My patient will pay me $ \_\_\_\_\_\_\_\_\_\_\_\_\_ /session.
I will pay my supervisor $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ session.

*Submit this form in electronic copy to tkalven@ccpsa.org and in hard copy to Toula Kalven, Chicago Center for Psychoanalysis at the above PO Box address. Please submit a second hard copy to Steve Vogelstein, Progression Chair, 540 Frontage Road, Suite 2110, Northfield IL 60093.*  *The completed form will be viewed by the Progression Chair and your assigned Progression Mentor and will be saved in your file.*