



## FINAL REPORT ON EDUCATIONAL CONSULTATION

Clinical Associate \_\_\_\_\_

Report of Case # \_\_\_\_\_ Case Initials \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ From Referral Service? \_\_\_\_\_

Date Analysis Began \_\_\_\_\_ Date Terminated \_\_\_\_\_

Major Interruptions \_\_\_\_\_

Date educational consultation began \_\_\_\_\_

Frequency of educational consultation hours per week:

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year3 \_\_\_\_\_ Year4 \_\_\_\_\_ Year5 \_\_\_\_\_

Total Educational Consulting Hours \_\_\_\_\_

Name of Consulting Analyst(s) \_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

**Diagnosis:** Description of the analysis. The report should demonstrate the clinical associate's understanding of the analytic process. The development and resolution of the transference-neurosis and problems encountered should be described.

Distribution: Consulting Analyst  
SPSI Office  
Clinical Associate File