

Supervision Initial Notification for each Control Case

This paperwork is for (check one):

Case 1 \_\_\_\_\_\_\_\_\_\_\_ Case 2 \_\_\_\_\_\_\_\_\_\_\_ Case 3 \_\_\_\_\_\_\_\_\_\_\_ Case 4 \_\_\_\_\_\_\_\_\_\_\_\_\_

Date supervision began for this case: \_\_\_\_\_\_\_\_\_ Date analysis began for this case: \_\_\_\_\_\_\_\_\_\_

Sex of patient: \_\_\_\_\_\_ Patient’s age at start of analysis: \_\_\_\_\_\_\_\_

Frequency of patient sessions: \_\_\_x / week Frequency of supervision sessions: \_\_\_x / week

Supervisee’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee’s signature: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named candidate has started supervision with me. We have agreed that this is a suitable patient for psychoanalysis 4 to 5 times a week.

Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email or mail this form to the MPSI office.

825 Nicollet Mall, #1950 Minneapolis, MN 55402 admin@mpsi.info