



THE INSTITUTE FOR EXPRESSIVE ANALYSIS

CC STATUS REPORT
TO BE MAILED WITHIN ONE MONTH OR FOUR SESSIONS

THERAPIST _____ DATE _____
PATIENT _____

For Track I and II: Please return this form within two weeks if patient fails to appear OR within 1 month/4 sessions for patients attending appointments
Track I - Please mail form and first 3 sessions fees to IEA CC director
Track II- Please mail on going treatment fees and this form to IEA CC director

[] Patient did not call or attend a first appointment. Please provide any details:

[] Patient dropped out after one session. Fee for one session enclosed. Please provide any details:

[] Patient dropped out after two sessions. Fee for 2 sessions enclosed. Please provide any details:

[] Patient dropped out after three sessions: Fee for 3 sessions enclosed. Please provide any details:

[] Patient stayed in treatment for four or more sessions:

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