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 Dallas, TX 75225
 469-426-4632
Adult Intake Form
Confidential Questionnaire

Name: _____ Date: _____

Street Address: _____ City/State/Zip: _____

May I send mail to your home address? Yes _____ No _____

Phone Number: _____ Email: _____

May I leave a message: On your phone? Yes _____ No _____ Via email? Yes _____ No _____

Birthdate: _____ Age: _____ Marital Status: _____ Occupation: _____

Education (Highest level): _____ Gender: _____

Names, relationships, and ages of the individuals currently living with you:

Have you ever been in psychotherapy or any type of counseling before? Yes _____ No _____

If yes, what was your experience like (duration, type of therapy, feelings about treatment)?

Are you currently taking any psychiatric medication? If so, please list the names and dosages below:

Contact Person (In Case of Emergency):

Name: _____ Relationship: _____ Phone: _____

Referral Source: How did you hear about me (person's name, website)?

Why are you seeking psychotherapy? What problems are going on in your life at present? What goals or hopes do you have for your psychotherapeutic treatment?