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Child Intake Form
Confidential Questionnaire

Parent Information

Parent 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 _____

Age: _____ Marital Status: _____ Occupation: _____

Education (Highest level): _____ Gender: _____

Names, relationships, and ages of the child’s other parental figures:

Child/Patient Information

Name: _____ Date of birth: _____ Gender: _____

Names, relationships, and ages of other individuals living in the household:

Child/Patient Information Continued

Has s/he ever been in psychotherapy or any type of counseling before? Yes ____ No ____

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

Please make note of any relevant developmental history, for example including major changes in your child's life or in your family's life, significant illnesses, challenges with toilet training, school, behavior, and friends, etc.

Is s/he 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)?

