

# THErapy DALLAS

Psychological Services for Children, Adolescents, and Adults  
12800 Hillcrest Rd A124, Dallas, TX 75230 • 214-755-6119 • www.therapydallas.com

## GENERAL INFORMATION

Date: \_\_\_\_\_

### CHILD/ADOLESCENT:

Name, Age: \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ msg ok

(cell?) \_\_\_\_\_ msg ok

### PARENT(S):

Mother, Age: \_\_\_\_\_, \_\_\_\_\_

Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Father, Age: \_\_\_\_\_, \_\_\_\_\_

Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Phones: (home) \_\_\_\_\_ msg ok

(work) \_\_\_\_\_ msg ok

(cell) \_\_\_\_\_ msg ok

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade/Degree: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ msg ok

(work) \_\_\_\_\_ msg ok

(cell) \_\_\_\_\_ msg ok

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade/Degree: \_\_\_\_\_

Parents' marital status:  married  separated  divorced  never married

If divorced, please describe custody arrangement: \_\_\_\_\_

### SIBLINGS:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any other people living in the home(s): \_\_\_\_\_

### SCHOOL:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Teacher(s): \_\_\_\_\_ Grade: \_\_\_\_\_

### PEDIATRICIAN:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT(S):

Name, relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name, relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

### REFERRAL SOURCE:

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Consent to acknowledge the referral?  Yes  No