

# THERAPY DALLAS

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

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## GENERAL INFORMATION

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

### PATIENT:

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

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

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

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

\_\_\_\_\_

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

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

(home) \_\_\_\_\_ msg ok

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

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

Marital status:  never married  married  partnered  separated  divorced

### FAMILY:

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

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

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

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

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

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

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

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

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

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

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

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

Others Living in Home: \_\_\_\_\_

### OTHER HEALTH/SERVICE PROVIDERS (e.g., Primary Care Physician, Psychiatrist, etc.):

Name: \_\_\_\_\_ Provider Role: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Provider Role: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT(S):

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

### REFERRAL SOURCE:

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

Consent to acknowledge the referral?  Yes  No