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**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?