

SOUTHWESTERN PSYCHOTHERAPY REFERRAL SERVICE

CONFIDENTIAL QUESTIONNAIRE/ REFERRAL FORM

(Note: Please complete all answers as failure to do so will delay review for treatment. It is important that you let us know some specifics about you (i.e., your life and the measure of your difficulties) in order for us to determine whether our services will benefit you)

Date: 4/6/13

Are you a North Star patient?
Are you a medical student?

Yes No
 Yes No

Are you a VA patient?
Gender?

Yes No
 Male Female

Do you have (or have you applied for) Medicare or Medicaid? Yes No

Name: Wickman (Last), Sherry (First), Marie (Middle Name or Initial)
Address: 2231 Swathmore Drive (Street Address/Apt #)
Coppell, TX (City) (State) 75019 (Zip Code)
Home Phone: _____
Mobile Phone: 214.220.0225
Place of birth: Coppell, TX Date of birth: June 28, 1988 Age: 24

Employed? Yes No

Work Phone: _____

Occupation? art teacher / art therapist How long at present job? 4 mos.

If unemployed, how long? _____ Education completed: (Grades/Degrees) MA Art Therapy

Please describe past jobs you have had and any times you have been unable to work. babysitting / nannying
1 mo. post-graduation (January), I sent out resumes and got no response - so I waited.

Who referred you to this service? former professor Relationship →

Marital Status: Single Engaged Co-habiting
 Married/Date _____ Separated/Date _____ Divorced/Date _____
 Widowed/Date _____ Other Relationship Number of Previous Marriages _____
Your present relationship is: Very Happy Happy Average Unhappy Not applicable

Please describe the problems that are prompting you to seek treatment (please include stresses such as deaths, divorce, loss of job, etc., within the past few years.) My mom has become very ill the past 6 months, and lately I've become her primary caretaker. I've also been experiencing some stress at work.

Please explain your desires and needs in your outpatient treatment. move out on my own

Current psychiatric/mental health treatment? Yes No

If yes, with whom? _____

Comments: _____

Currently, are you on any psychiatric medication(s)? Yes No

If yes, please list & give dosages: 1) _____ (Medication) _____ (Dose/Day) 2) _____ (Medication) _____ (Dose/Day)

3) _____ (Medication) _____ (Dose/Day) 4) _____ (Medication) _____ (Dose/Day) 5) _____ (Medication) _____ (Dose/Day)

Past psychiatric treatment? Yes No

If yes, with whom/when? _____

Comments: _____

Have you been treated with psychiatric medication in the past? Yes No

If yes, please list & give dosages: 1) _____ (Medication) _____ (Dose/Day) 2) _____ (Medication) _____ (Dose/Day)

3) _____ (Medication) _____ (Dose/Day) 4) _____ (Medication) _____ (Dose/Day) 5) _____ (Medication) _____ (Dose/Day)

Prior psychiatric hospitalizations? Yes No

If yes; when, where and why? _____

Your Present Physical Health: Excellent Very Good Good Fair Poor

Name of Personal/Family Physician: N/A

Current/Past History of Illness or Medical Problems: _____

Current Medications for above illness/ medical problems: _____

Is there a **current** history of any alcohol/drug problems with you? Yes No

If yes, please explain _____

Is there a **past** history of any alcohol/drug problems with you? Yes No

If yes, please explain _____

Have you had any DWI's, DUI's or Public Intoxication? Yes No

If yes, please explain _____

Present legal problems? Yes No

If yes, please explain. _____

Past legal problems? Yes No

If yes, please explain. _____

Are you involved (or do you plan to become involved) in any law suit(s)? Yes No

If yes, please explain. _____

Please tell us anything else you would like us to know about yourself. I've studied A/T Therapy, but
im just beginning...

Return application to:

Diana Griffin
Psychiatry Dept., UT Southwestern
5323 Harry Hines Blvd.
Dallas, TX 75390-9070
Phone: 214-648-7012
Fax: 214-648-7370

FOR OFFICE USE ONLY _____
