Robyn D. Murphy, MBA
Administrator

Department of Psychiatry

UT SOUTHWESTERN PSYCHOTHERAPY CLINIC

The UT Southwestern Psychotherapy Clinic is part of the training program in the Department of Psychiatry at UT Southwestern Medical Center. Through this service, therapists in training receive referrals of people for whom exploratory individual psychotherapy or cognitive behavioral therapy is the principal treatment needed for emotional problems or mental illness. Psychiatry residents and psychology doctoral students conduct the treatment offered, doing so under supervision. These therapists accept referrals when they have openings in their schedules.

The individual psychotherapy offered by our training programs is only one of several possible treatment approaches. The needs of many patients are best met by treatments available elsewhere. People who require treatment such as hospital care, treatment for alcohol and other drug addictions, vocational counseling and social service assistance can seek this help at other centers.

We are enclosing a health history form for you to complete and return to the office. If the information suggests that the psychotherapy we offer may be of benefit to you, we will inform you. You will be contacted later when a trainee is able to arrange an appointment for further evaluation, and, if you and the interviewer agree, to begin treatment. If, on the other hand, the referral form suggests that other treatment would be more suitable, then we will send you a letter with a list of other care providers who may offer the appropriate help.

The UT Southwestern Psychotherapy Clinic (214-648-7012) may be reached during regular office hours if you have any further questions. The fee for care offered by our therapists is $13 for each treatment hour.

We do not provide emergency services. If you feel this is an emergency situation, please contact your nearest hospital emergency room.

If you would like to know about the possibility of receiving care on referral through Southwestern Psychotherapy Referral Service, please complete the enclosed form and return it to us. We shall then write to you or phone you about our recommendations.

Return Referral Form to:

Robyn D. Murphy
Psychiatry Department
UT Southwestern Med Center
5323 Harry Hines Blvd.
Dallas, Texas 75390-9070

Clinic: (214) 648-7012
Fax: (214) 648-7370

SOUTHWESTERN PSYCHOTHERAPY
REFERRAL SERVICE

CONFIDENTAL 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: _____

Are you a **North Star** patient? ☐ Yes ☐ No Are you a **VA** patient? ☐ Yes ☐ No
Are you a medical student? ☐ Yes ☐ No Gender? ☐ Male ☐ Female

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

Name: _____ (Last), _____ (First) _____ (Middle Name or Initial)

Address: _____ (Street Address/Apt. #) Home Phone: _____

_____ (City) (State) (Zip Code) Mobile Phone: _____

Place of birth: _____ Date of birth: _____ Age: _____

Employed? ☐ Yes ☐ No Work Phone: _____

Occupation? _____ How long at present job? _____

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

Please describe past jobs you have had and any times you have been unable to work. _____

_____

_____

Who referred you to this service? _____ Relationship _____

Marital Status: ☐ Single ☐ Engaged ☐ Co-habitating

☐ 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.) _____

_____

_____

_____

_____

Please explain your desires and needs in your outpatient treatment. _____

_____

_____

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: _____

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. _____

_____

_____

_____

Return application to:

Robyn D. Murphy
UT Southwestern
Psychiatry Dept.
5323 Harry Hines Blvd.
Dallas, TX 75390-9070

FOR OFFICE USE ONLY _____

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(Revised on May 2, 2007)