

UNIVERSITY OF TEXAS SOUTHWESTERN PSYCHOTHERAPY CLINIC
Department of Psychiatry

Thank you for your interest in the UT Southwestern Psychotherapy Clinic, the Department of Psychiatry's low-cost psychotherapy training clinic. Psychiatry residents and psychology trainees, under faculty supervision, provide psychotherapy for problems such as anxiety, depression, relationship difficulties, stress, and life transitions. We offer several psychotherapeutic modalities, including individual and group therapy; exploratory, insight-oriented psychotherapy; and cognitive behavioral therapy.

We do not provide emergency or walk-in services. If you feel you are in an emergency situation, please call 911, go to your nearest emergency room, or call the ADAPT Mobile Crisis Line (866-260-8000).

Please complete and return the attached application. Our medical directors will review your application to assess whether our services might be of assistance to you, and our administrators will then contact you with your application status.

If provisionally accepted for psychotherapy, you will be contacted by your potential therapist to schedule an initial consultation. Please note that wait times for an initial consultation are dependent upon therapist availability and can range from two weeks to three months. The initial consultation will help us further assess your needs and treatment goals.

If your application suggests that other treatment modalities might be more helpful for you, we will provide suggested referral options, such as specialized psychotherapy clinics, alcohol/substance use disorder providers, intensive outpatient programs, vocational counseling, medication management, and case management.

We currently charge \$20/session for individual psychotherapy and \$40/month for group therapy. We do not accept insurance or file out-of-network claims.

Please contact us during regular office hours for further information. Thank you.

UT Southwestern Psychotherapy Clinic

Street address: 2201 Inwood Road, 5th floor, Suite 800
Dallas, TX 77390

Mailing address: Department of Psychiatry
UT Southwestern Medical Center
5323 Harry Hines Blvd.
Dallas, TX 75390-9070

Phone: (214) 648-7012
Fax: (214) 648-7370
Email: PsychTherapy@utsouthwestern.edu

Confidential Questionnaire

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

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

What is your current gender identify? Male Female TransMale/
(Check all that apply) Transman TransFemale/
 Different identity (please state): _____ Transwoman Genderqueer/Gender
non-conforming

Are you a UTSW student? YES NO Are you a veteran or a child/spouse of a veteran? YES NO

Do you have Medicare, Medicaid, or private insurance? YES NO If yes, what? _____

Current relationship status: _____

Dates of marriages/divorces: _____

Your present relationship is: Happy Average Unhappy n/a

Education and Employment

Highest education completed (grades/degrees): _____

Currently employed? YES NO Occupation(s): _____

If unemployed, how long and why? _____

Previous jobs and/or times you were unable to work: _____

Current or prior legal difficulties, including arrests, DUIs, PIs, lawsuits, or custody disputes? YES NO

If yes, please explain: _____

Psychiatric and Medical History

Current mental health treatment? YES NO
 If yes, with whom?

Comments about treatment: _____

Current psychiatric medications? YES NO
 If yes, please list medication names and dosages.

Past psychiatric medications? YES NO
 If yes, please list medication names and dosages.

Past psychotherapy/counseling? YES NO
 If yes, with whom and when?

Prior suicide attempts? YES NO
 When/why: _____

Prior psychiatric hospitalizations? YES NO
 When/where: _____

Prior drug/alcohol treatment? YES NO
 When/where: _____

Current drug/alcohol use? YES NO
 Please explain: _____

Past drug/alcohol use? YES NO
 Please explain: _____

Your current physical health? Excellent Good Fair Poor

Current or past medical problems: _____

Current medications: _____

Treatment Needs

Please describe the problems and life stressors that are prompting you to seek treatment. _____

What are your treatment goals? _____

Please tell us anything else you would like us to know about you. _____

Who referred you to our clinic? _____ Relationship? _____

Appointment availability

Please indicate (with an "X") all days/times you are available to meet for therapy sessions. This information will be used to help match you to potential therapists.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 9:00 am					
9:00 – 10:00 am					
10:00 – 11:00 am					
11:00 – 12:00 pm					
12:00 – 1:00 pm					
1:00 – 2:00 pm					
2:00 – 3:00 pm					
3:00 – 4:00 pm					
4:00 – 5:00 pm					
5:00 – 6:00 pm					
6:00 – 7:00 pm					

Please return your completed application to:

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