Grace C. Graham, Psy.D.
Licensed Clinical Psychologist, #4701

6220 Chase Oaks, #104
Plano, Texas 75023

INTAKE INFORMATION

YOUR BACKGROUND INFORMATION

Name: _____

Address: _____

_____ Zip: _____

Home Phone: ( ) _____-_____

Cell Phone: ( ) _____-_____

Birth Date: _____/_____/_____ Age: _____

Social Security #: _____- _____- _____

Driver's License #: _____
State if other than TEXAS: _____

Employer: _____

Position: _____

Work Phone: ( ) _____-_____

Address: _____

_____ Zip: _____

If Applicable:

Referred by: _____

Contact Phone: ( ) _____-_____

Attorney's Name: _____

Contact Phone: ( ) _____-_____

Name of your
spouse/partner: _____

YOUR OPPOSING PARTY'S INFORMATION

Name: _____

Address: _____

_____ Zip: _____

Home Phone: ( ) _____-_____

Cell Phone: ( ) _____-_____

Birth Date: _____/_____/_____ Age: _____

Social Security #: _____- _____- _____

Driver's License #: _____
State if other than TEXAS: _____

Employer: _____

Position: _____

Work Phone: ( ) _____-_____

Address: _____

_____ Zip: _____

If Applicable:

Referred by: _____

Contact Phone: ( ) _____-_____

Attorney's Name: _____

Contact Phone: ( ) _____-_____

Name of your
spouse/partner: _____

Names of your children and your step-children:	Gender	Age	Birth Date	Grade	Name of Biological Mother	Name of Biological Father	Now Living With