

Sherry Warschaw, M.A., LMFT

LMFT #35295 818.344.0299

Client's Confidential Information

Client's Name: _____

Client's Address: _____

City: _____ Zip: _____

Telephone (Home): _____ Telephone (Cell): _____

| Name of Children | Age | Gender |
|-------------------------|------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are any deceased? _____ Birth Date: _____ Age: _____

Driver's License #: _____ Social Security #: _____

Occupation: _____ Employed By: _____

Length of Employment: _____ Work Address: _____

City: _____ Zip: _____ Telephone (Work): _____

Father living? _____ Current Age: _____ In contact with him? _____

Mother living? _____ Current Age: _____ In contact with her? _____

Highest Educational Level Achieved: _____

Current Marital Status: Separated__ Single__ Married__ Divorced__ Widowed__ Significant Other__

Duration of current status _____ Longest Significant Relationship _____

Number of times married _____ If married now, for how long? _____

Number of times divorced _____ If divorced, how long? _____

| Name of Siblings | Age | Gender |
|-------------------------|------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are any deceased? _____

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Physician: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Please note any medical conditions you are being treated for:

Psychiatrist: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

List all medications (include non-prescription medications) you are currently taking:

| Medication | Dosage | For Treatment Of |
|------------|--------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Have you or other family members ever had psychiatric treatment, psychotherapy, or counseling before?

| Year | Who | Length of Treatment | Therapist/Hospital | City |
|------|-----|---------------------|--------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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Have you or anyone in your family ever attempted or committed suicide?

Who? _____ Year _____ Number of Times _____ Means _____

Briefly describe your reasons for seeking help at this time: _____

Please circle any of the following that may be a problem for you:

Loss/Grief

Career

Depression

Separation

Marriage

Aging

Children

Religion

Loneliness

Stress

Legal Matters

Decision Making

Education

Self Esteem

Authority

Nervousness

Health

Parenting

Suicidal Thoughts

Drug/Alcohol Use

Unhappiness

Finances

Weight Gain/Loss

Communication

Self-Control

Sexual Orientation

Childhood Abuse

Nightmares

Anxiety

Control

Concentration

Shyness

Sexual Problems

Fears

Divorce

Parents

Anger

Eating Habits

Sleep

Co-Dependency

Ambition

Sexual Abuse

Trauma

Relationships

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Do you have any pending legal issues or charges? No_____ Yes_____

If yes please describe:_____

Is there anything else that would be important for me to know about you?

How serious do you think your problems are?

Not too serious ____ Somewhat Serious ____ Very Serious ____ Dangerous ____

How would you describe therapy if the outcome was successful?

Please check off the feelings that may be a problem for you.

1. ____ I am sad once in a while
____ I am sad many times
____ I am sad all the time
2. ____ Nothing will ever work out for me
____ I am not sure if things will work out for me
____ things will work out for me okay
3. ____ I do most things okay
____ I do many things wrong
____ I do everything wrong

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4. ☐ I have fun in many things
☐ I have fun in some things
☐ Nothing is fun at all
5. ☐ I am bad all the time
☐ I am bad many times
☐ I am bad once in a while
6. ☐ I think about bad things happening to me once in a while
☐ I worry that bad things will happen to me
☐ I am sure that terrible things will happen to me
7. ☐ I hate myself
☐ I do not like myself
☐ I like myself
8. ☐ All bad things are my fault
☐ Many bad things are my fault
☐ Bad things are not usually my fault
9. ☐ I do not think about killing myself
☐ I think about killing myself but I would not do it
☐ I want to kill myself
10. ☐ I feel like crying every day
☐ I feel like crying many days
☐ I feel like crying once in a while
11. ☐ Things bother me all the time
☐ Things bother me many times
☐ Things bother me once in a while
12. ☐ I like being with people
☐ I do not like being with people many times
☐ I do not want to be with people at all
13. ☐ I cannot make up my mind about things
☐ It is hard to make up my mind about things

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- ☐ I make up my mind about things easily
14. ☐ I look okay
☐ There are some bad things about my looks
☐ I look ugly
15. ☐ I have to push myself all the time to do my school work
☐ I have to push myself many times to do my school work
☐ Doing school work is not a big problem
16. ☐ I have trouble sleeping every night
☐ I have trouble sleeping many nights
☐ I sleep pretty well
17. ☐ I am tired once in a while
☐ I am tired many days
☐ I am tired all the time
18. ☐ Most days I do not feel like eating
☐ Many days I do not feel like eating
☐ I eat pretty well
19. ☐ I do not worry about aches and pains
☐ I worry about aches and pains many times
☐ I worry about aches and pains all the time
20. ☐ I do not feel alone
☐ I feel alone many times
☐ I feel alone all the time
21. ☐ I never have fun at school
☐ I have fun at school only once in a while
☐ I have fun at school many times
22. ☐ I have plenty of friends
☐ I have some friends but I wish I had more
☐ I do not have any friends

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23. ☐ My schoolwork is alright
☐ My schoolwork is not as good as before
☐ I do very badly in subjects I used to be good in
24. ☐ I can never be as good as other kids
☐ I can be as good as other kids if I want to
☐ I am just as good as other kids
25. ☐ Nobody really loves me
☐ I am not sure if anybody loves me
☐ I am sure that somebody loves me
26. ☐ I usually do what I am told
☐ I do not do what I am told most times
☐ I never do what I am told
27. ☐ I get along with people
☐ I get into fights many times
☐ I get into fights all the time

How were you referred to me, or how did you hear of my practice?

Thank you for taking the time to provide the above information.

This is strictly confidential. Re-disclosure or transfer is expressly prohibited by law without your written consent.