JACQUE SIERAD, L.C.S.W.
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Westlake Village, CA 91361
(818) 224-2248
License # LCS 23008

Client Name:____
Age:__________Date of Birth:______________________________Marital Status:______________
Address:____
City,State,Zip:____
Home Phone:___________________________Cell Phone:_______________________________
Place of Business:___________________________________Business Phone:__________________
Name and Ages of Children:____
Name of Person to Contact in Case of Emergency:______________________________
Phone:___________________________Relationship:______________________________
Serious Illnesses, Accidents, Operations,Medical Conditions:_______________________
____
What Brings you Here At This Time:____
____
Previous Therapy Experiences: ________No ________Yes
Therapist ____Amount of Time:_________________
Psychiatric Hospitalizations ________No ________Yes
Hospital:____________________________________Amount of Time:_________________________
Family or Significant Other(s) Psychiatric Hospitalization: ________No ________Yes
Hospital:____________________________________ Amount of Time_________________________
Use of Alcohol: ________No ________Yes
(if yes) Times Per: ________Day ________Week Type:________________Amount:_________
Use of Drugs: ________No ________Yes
(if yes) Times Per: ________Day ________Week Type:________________ Amount:_________
Eating Disorder: ________No ________Yes
(if yes) Type___________________________For How Long____________________________
History of Sexual Abuse ________No ________Yes
____sexual intrusion ____molestation ____rape ____sexual harassment ____other__________
Physical Abuse: ________No _______Yes
(if yes) Type_______________________________For How Long _________________________
Gambling, Shopping, other Addictions: ________No ________Yes
(if yes) Type_______________________________For How Long _________________________
Suicidal History: ________ No ________Yes
(if yes) Explain____
Additional Information:____
____

*Referred By:*____
*Signature of Client:*____*Date:*______________
*Signature of Parent:*____*Date:*______________
(if client is a minor)