



Judy Kann
PsyD, LCSW

Admission Form

GENERAL INFORMATION

Name _____

Address _____

City _____

Phone _____

Preferred Way of Contact _____

Date of Birth _____

Marital Status _____

Emergency Contact _____

Why are you seeking services at this time?

Who referred you _____

Primary Physician _____

Psychiatrist _____

Please list any physical health concerns:

Please list any medications you are currently taking:

Date _____

Zip Code _____

Work Phone _____

Email _____

Social Security Number _____

Occupation _____

Phone _____

Phone _____

Psychoanalyst/Licensed Clinical Social Worker (LCS 11336), TIN 311805305

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Please check off any of the following items that apply to you and briefly describe:

- Anxiety _____
- Depression _____
- Eating Problems _____
- Sleep Problems _____
- Compulsive Behaviors _____
- Obsessive Thoughts _____
- Fears _____
- Suicidal Thoughts _____
- Alcohol/Drug Use _____
- Relationship Problems _____
- Work/School Concerns _____
- Financial Problems _____
- Legal Problems _____
- History of Psychiatric Hospitalizations _____
- Previous Psychotherapy _____
- Previous Psychiatric Medications _____
- History of Physical or Sexual Abuse _____
- Other _____