

Noelle Mestres, MSW LICSW
611 Main Street, Suite B-2
Edmonds, WA 98020
425-771-7036

Client ID: _____

Client Information

Name: _____

Date of Birth: _____

Social Security Number (optional): _____

Address: _____

Phone: (h): _____ **(w):** _____ **(c):** _____

Others in Household: _____

Emergency Contact: _____ **Telephone:** _____

Medical Conditions: _____

Current Medications: _____

Medications Taken in Past (for psychiatric symptoms): _____

Psychiatric Hospitalizations (dates and hospital): _____

Past therapy (dates, satisfaction, outcome): _____

(over)

Client Information Continued

Suicidality: Are you currently suicidal? _____

If so, please describe: _____

Have you ever been suicidal? (dates, nature of): _____

If yes, have you ever made an attempt? _____

If so, please list attempts (dates, method, outcome): _____

Do you have any problems with alcohol/drugs? _____

Have you ever had problems with alcohol/drugs? _____

Have you ever had drug/alcohol treatment? _____

If so; when/where/outcome: _____
