Noelle E. Mestres, MSW LICSW
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Edmonds, WA 98020
425-771-7036

Client ID: _____

Client Information _____

Name: _____

Pronouns:_____

Date of Birth: _____

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)

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: _____