

Deborah Mertlich, LCSW

4550 SW Kruse Way, Suite 225 ~ Lake Oswego, OR 97035 ~ P: (971) 252-1545 ~ F: (503) 427-7856

Demographic information:

A. Religion & other affiliation information:

Religious denomination: _____ Other affiliation: _____
Attendance: Never Sometimes Frequently Always

B. Education & employment:

Circle highest grade or level currently completed by:

Self:
1 2 3 4 5 6 7 8 9 10 11 12 Some BA/BS MA/MS MD/JD/PhD
College

Partner:
1 2 3 4 5 6 7 8 9 10 11 12 Some BA/BS MA/MS MD/JD/PhD
College

Occupation (self) : _____

Occupation (partner): _____

Client's Current School/Employer: _____
Address: _____ City: _____ State: _____ Zip: _____

C. Client's medical care:

Primary Care Physician: _____ Phone: _____
Specialists (e.g. endocrinologist, psychiatrist, psychologist, etc.) _____

Month & year of diagnosed illness: _____

Medications (current & past): _____

Previous health problems and/or concerns: _____

Admission to hospital for any reason: no yes

If yes: Date(s): _____ Place: _____

Contact person: _____ Reason: _____

Emergency room visit for any reason: no yes

If yes: Date(s): _____ Place: _____

Contact person: _____ Reason: _____

Counseling with a mental health professional: no yes

If yes: Date(s): _____ Place: _____

Contact person: _____ Reason: _____

D. Household Composition:

Current marital/relationship status (check all that apply):

- Single
- Relationship with: _____ Year: _____
- Married to: _____ Year: _____
- Separated from: _____ Year: _____
- Divorced from: _____ Year: _____
- Widowed by: _____ Year: _____

Please list others in household:

Name:	Sex:	Age:	Relationship to client:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____