# Tamara Nezirevic, MC, LPC
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## (VM) 480.619.9848


## Client Information

**Name:** _____ **Date:**_____
*First Middle Last*

**Address:** _____
*Street Address City State Zip Code*

**Home Phone:** _____ **Mobile:**_____
**At which of these may I leave a message: __ Home __ Mobile __Email**

**Email Address**: _____

**Date of Birth:** _____ **Age:**_____ **Sex: Female ___ Male___**

**Current Living Status: __ Single __ Married __ Divorced __ Widowed __ Living Together**

**Occupation (If Employed):** _____ **Employer:**_____

**School (If Student):**_____ **Level:** _____

**Referred By:**_____
**Do I have your permission to release information to the referring professional when appropriate? Y__ N__**

**Emergency Contact:**_____ **Phone:**_____

**Relationship:**_____

1) **What concerns bring you to counseling?**

2) **What is the history of your present issues?**

3) **What changes do you want to see as a result of counseling?**

4) **What have you tried on your own to resolve your concerns?**



Signature of person completing this form: _____

# CLIENT BACKGROUND INFORMATION

**Name:** _____ **Date:** _____
*First* *Middle* *Last*

## Medical History

**Are you currently under a doctor's care? __ Yes __ No**
**Condition for which you're being treated: _____**

**Date of most recent physical exam? _____ Primary Care Physician:_____**

**Additional doctor(s) involved in your care:**
_____

**Current health issues (including allergies):_____**

**Medications currently in use: __ No present prescription medications**

| Medications: | Dosage: | Reason Prescribed: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Vitamins/Supplements currently in use: __ No present vitamins taken**

## Family History

**Spouse/ Partner:**
**Name:_____ Occupation:_____**
**Age:_____ Highest Level of Education:_____**

**Children: Name Age Sex (Male or Female)**
**1)** _____
**2)** _____
**3)** _____
**4)** _____

**Mother:**
**Name: _____ Occupation: _____**
**Highest Level of Education:_____ Stepmother: __ Yes __ No**

**Father:**
**Name: _____ Occupation:_____**
**Highest Level of Education: _____ Stepfather: __ Yes __ Not**

**Siblings: Name Age Sex: (Male or Female)**
**1)** _____
**2)** _____
**3)** _____
**4)** _____



Signature of person completing this form: _____