



# INNOVATE COUNSELING & WELLNESS

## CLIENT CONTACT INFORMATION SHEET

**Tamara Ljubisic**

801 E. Plano Pkwy. Ste. 150

Plano, Texas 75074

tamara@tamarallpc.com

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender: Male

Female

Name: \_\_\_\_\_

Address (Street and Number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May We Leave a Message

Yes

No

Cell/Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May We Leave a Message

Yes

No

E-mail:

May We Email You?

Yes

No

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

**Occupation:**

Place of Employment: \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If needed, is it OK to call here?

Yes

No

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_