Jennifer Williams Buffalo MA, LPC-S, LMFT, NCC
Luminary Counseling
6019 Belfast Drive
Austin, TX 78723
512-677-5366
luminarycounseling@gmail.com

Full Name:____

Address: ____________________ City and Zip:____________________

Cell: ________________________ Alt. Phone: ___________________

DOB:________________ Employer:___________________________

Email: ____

Relationship Status:____

Is it OK to contact you via (circle your answer):

Phone	yes	no	Text	yes	no
Email	yes	no	Mail	yes	no

Is it OK to leave a message on your (circle your answer)

Cell	yes	no	Alt. Phone	yes	no

Reason for seeking therapy? ____
____
____
____

How did you hear about me? ___________________________________
Are you taking any medication currently? Name/dosage:_____________________
Are you under the care of a physician? Name:__________________________

______________________ ______________

Client Signature Date