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Luminary Counseling, PLLC

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Full Printed 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: _____

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Are you under the care of a physician? Name: _____

Client Signature

Date