

Jennifer Williams Buffalo MA, LPC-S, LMFT, NCC

Luminary Counseling, PLLC

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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: \_\_\_\_\_

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Are you under the care of a physician? Name: \_\_\_\_\_

What is your diagnosis? \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date