



## Client Information

Juliane Taylor Shore,  
LPC, LMFT, SEP

**OFFICE**  
4009 Banister Lane, Two Park Place  
Suite 330  
Austin TX 78704

**PHONE**  
512.653.0564

**EMAIL**  
jules@IPNBaustin.com

**WEB**  
[www.IPNBaustin.com](http://www.IPNBaustin.com)

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

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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    Date of Birth: \_\_\_\_\_

Reason for seeking therapy? \_\_\_\_\_

\_\_\_\_\_

How did you hear about me? \_\_\_\_\_

*For couples and families, please have all people attending therapy who are 18 or older fill out their client information and sign the Informed Consent and Privacy Notices.*

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

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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    Date of Birth: \_\_\_\_\_