CLIENT INFORMATION

DYLAN MABERRY, LMFT Associate

12741 Research Blvd, Suite 505
Austin, Texas 78759, Austin, TX 78759 (512) 522-2804

Name: _____ Date: _____

Date of birth: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Your signature below indicates that you have read the Notice of Privacy Practices, the Client Agreement, the Social Media Policy, and the Technology-Assisted Therapy Policy and agree to abide by their terms during our professional relationship.

Signature: _____ Date: _____