



NICOLE L. HARRIS
MARRIAGE AND FAMILY THERAPIST

Client Information

Effective August 1, 2021

Today's Date: _____

General Information

Client's Name: _____ Date of Birth: _____

Parent(s) Name: _____ Date of Birth: _____
(If client is under age of 18)

Street Address: _____

City/State/ZIP: _____

Home Phone: _____

Cell Phone: _____

Email: _____

(Check boxes above if authorized to leave/receive a message.)

Employer: _____

Name of spouse/partner: _____

Emergency Contact Information

Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Referral Information

How did you find out about Nicole? _____
(family, friend, internet, doctor, pastor, other)