

Nikki Harris LMFT 53711

714.553.1517

Name: _____

Street Address: _____

City _____ Zip code _____

Phone number: _____ E-mail address _____

Emergency Contact Name and Phone: _____

Date of Birth: _____ Age: _____

Ethnicity: _____ Sexual Orientation: _____

Level of Education: _____

Marital Status: _____

Length of time in Relationship: _____

Number of Children/Age of Children: _____

Occupation: _____ Yrs at job _____

Alcohol Use/Abuse History: _____

Drug Use/Abuse History: _____

Birthorder: _____

Illness/Surgeries: _____

Legal
Issues: _____

History of Mental Illness:

History of Family Mental
Illness:_____

Prior Psychotherapy Experience:_____

Presenting Issue:_____
