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Please fill out this form and bring it to your first session. Information you provide here is protected as confidential.

Name: _____
(Last) (First) (Middle Initial)

Birth Date: _____ / _____ / _____ Age: _____ Male Female
M D Y

If you are under 18 years of age, please include the name of your parent or guardian:

(Last) (First) (Middle Initial)

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: _____ May I leave a message? Yes No

Cell/Other Phone: _____ May I leave a message? Yes No

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Please list any children you have and their ages:

E-mail*: _____ May I email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____