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### INFORMATION SHEET

This information is to help us better understand you and your situation. Please fill it out as completely as you can. All information will be held in strict confidence, and released only with your consent. Exceptions to this will be discussed with you by your counselor.

DATE \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last Drivers License No. Birthdate

ADDRESS: \_\_\_\_\_  
City State Zip Home Phone Cell Phone & carrier (AT&T, etc.)

OCCUPATION: \_\_\_\_\_  
Place of Business Work Phone E-Mail address

WHO IS RESPONSIBLE FOR PAYMENT? \_\_\_\_\_ DOB: \_\_\_\_\_

WHO REFERRED YOU TO THE CENTER? \_\_\_\_\_

EDUCATION: High School \_\_\_\_\_ College \_\_\_\_\_ Graduated \_\_\_\_\_  
Major \_\_\_\_\_ Professional Education \_\_\_\_\_

PARENTS: Father's Occupation: \_\_\_\_\_ Living \_\_\_\_\_ (if deceased, give date)  
Mother's Occupation: \_\_\_\_\_ Living \_\_\_\_\_ (if deceased, give date)  
Were your parents separated or divorced? \_\_\_\_\_ If so, indicate your age when the separation occurred. \_\_\_\_\_  
Brothers and Sisters (list from oldest to youngest, including yourself). Underline half-brothers and/or half-sisters \_\_\_\_\_

PRESENT MARRIAGE: Spouse's Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
Children: \_\_\_\_\_  
(Ages & Sex)  
How long have you lived at your present address? \_\_\_\_\_

PREVIOUS MARRIAGES: (List dates of marriages, dates terminated, how terminated, and ages and sex of any children from those marriages) \_\_\_\_\_

IN CASE OF EMERGENCY, WHO CAN WE CONTACT? \_\_\_\_\_  
Name Relationship Phone

**PLEASE TURN PAGE OVER AND COMPLETE THE BACK SIDE →**

117 Heymann Blvd., Suite 5

Lafayette, LA 70503

337-806-3690

RELIGION: Church Affiliation: \_\_\_\_\_ Pastor \_\_\_\_\_  
Do you find religion: satisfying \_\_\_\_ challenging \_\_\_\_ dull \_\_\_\_ meaningless \_\_\_\_ irrelevant \_\_\_\_

HEALTH: General condition of your health: \_\_\_\_\_  
Physical disabilities related to your problem? Yes \_\_\_\_ No \_\_\_\_ If yes, indicate their nature:  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT MEDICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS COUNSELING OR PSYCHOTHERAPY:  
From whom: \_\_\_\_\_  
Address: \_\_\_\_\_  
Approximate dates: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING SENTENCES:

I came here today

My Marriage

Fun for me

Growing up in my family

If I could change one thing

Six months from now

PERMISSION FOR PROFESSIONAL INFORMATION

I hereby grant permission for you (my therapist) to share information concerning me with other professionals in order that you may be of greater help to me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_