



LAFAYETTE CHRISTIAN COUNSELING CENTER, LLC

www.lafayettechristiancounseling.com

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? _____ SSN: _____ 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 10 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: _____