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### Sandplay™ Background Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Agency/Practice Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certification/License # and Field of Practice: \_\_\_\_\_

\_\_\_\_\_

How were you referred to this practice? (e.g., Website, personal referral, etc.)

Reason for consulting with this practice:

- \_\_\_\_\_ Individual Sandplay Consultation
- \_\_\_\_\_ Group Consultation
- \_\_\_\_\_ Sandplay Process (for STA/ISST certification)
- \_\_\_\_\_ Agency Consultation
- \_\_\_\_\_ Other (Please explain)