

S Shannon Thomas Counseling, Inc
dba Southlake Christian Counseling

231 East Southlake Blvd, Suite 160
Southlake Texas 76092
Phone: 817-897-8882 Fax: 817-953-8900

Client Information

Name _____ Phone _____ Work Phone _____

Address _____ City _____ Zip _____

May SCC send you correspondence to the above address: Yes _____ No _____

Cell Phone _____

Please indicate where we may leave a voice message: Home _____ Work _____ Cell _____

E-mail address _____

May SCC send you email to the above address: Yes _____ No _____

Occupation _____ Sex _____ Birth date _____ Age _____

Education (last year completed): _____ (grade)

Marital Status: Single __ Relationship __ Married __ Separated __ Divorced __ Widowed __

How were you referred to SCC? _____

HEALTH INFORMATION:

Rate your health (check): Very Good _____ Good _____ Avg. _____ Declining _____

Weight changes recently: Lost _____ Gained _____

List all important present or past illnesses or injuries: _____

Last exam date: _____ Report: _____

Are you currently taking medication? Yes ___ No ___ If yes, what medication? _____

Have you ever had a severe emotional upset? Yes ___ No ___

Please explain _____

Have you recently suffered loss from serious social, business, or other reversals? Yes ___ No ___

Please explain _____

RELIGIOUS/FAITH BACKGROUND:

Denominational preference (current): _____ Church Member: Y N
Church attendance per **month** (circle: 0 1 2 3 4 5 6 7 8+)
Church you currently attend: _____ Church denomination in childhood _____
Explain recent changes in your spiritual life, if any _____

PREVIOUS COUNSELING INFORMATION:

Have you ever attended counseling before? Yes ___ No ___ If yes, list counselor and dates of service:

If yes, was your previous counseling experience positive/negative and why: _____

MARRIAGE AND FAMILY INFORMATION (if applicable):

Name of spouse _____ Date of Marriage _____ Years. Married _____
Spouse Address (if different from previous given) _____ City _____ Zip _____
Phone _____ Occupation _____
Work Phone _____ Spouse Birthdate _____

Children (if applicable):

*PM	Name	Age	Sex	Living Y N	Education in years	Marital Status

*Check this column if child is by previous marriage.

In case of emergency please list the name, address, and telephone number of two people in the Metroplex that could be called on your behalf.

Name _____
Address _____
Telephone Number _____

Name _____
Address _____
Telephone Number _____

I agree that all of the above information is true to the best of my knowledge.

Signature of client

Date