

S Shannon Thomas Counseling, Inc
dba Southlake Christian Counseling

211 East Southlake Blvd, Suite 108
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 _____	Pager _____	
Please indicate where we may leave a voice message: Home _____ Work _____ Cell _____ Pager _____		
E-mail address _____		
Occupation _____	Sex _____	Birth date _____ Age _____
Education (last year completed): _____ (grade) Social Security # _____		
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 or handicaps: _____

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 ____
Explain _____

Have you ever been the victim of a crime? Yes ____ No ____

Are you coming for counseling for issues related to the crime? Yes ____ No ____

If Yes, have you filed with Texas Crime Victims Compensation? Yes ____ No ____

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