

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 - Minor

Name _____ Home Phone _____

Address _____ City _____ Zip _____

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

Primary Caregiver _____

Parents Cell Phone _____ Child's Cell _____

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

Parents E-mail address _____

Length of time at above address _____

Client's Sex _____ Birth date _____ Age _____ Place of birth _____

School: _____ Grade _____ Social Security # _____

How were you referred to SCC? _____

HEALTH INFORMATION:

Rate child's health (check): Very Good _____ Good _____ Avg. _____ Declining _____

Child's approximate weight _____ lbs. Weight changes recently: Lost _____ Gained _____

List all important present or past illnesses or injuries or handicaps: _____

Last exam date: _____ Report: _____

Any current medication? Yes ____ No ____ If Yes, what medication: _____

Has child ever had a severe emotional upset? Yes ____ No ____

Please explain _____

Has the child ever been the victim of a crime? Yes ____ No ____

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

RELIGIOUS/FAITH BACKGROUND:

Family denominational preference (current): _____ Church Members: Y N
Church attendance per **month** (circle: 0 1 2 3 4 5 6 7 8+)
Church your family currently attends: _____
Explain recent changes in your child's spiritual life, if any _____

PREVIOUS COUNSELING INFORMATION:

Has your child attending counseling before? If yes, please list counselor and dates of service:

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

FAMILY INFORMATION:

Father's name _____ Age _____ Education _____
Mother's name _____ Age _____ Education _____
Father's Occupation _____ Work Phone () _____
Mother's Occupation _____ Work Phone () _____
Are the mutual parents married? _____ separated? _____ divorced? _____

List all children in the family

Name	Age	School grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who is responsible for payment of services? _____ Phone Number _____

Address _____ City _____ Zip _____

In case of emergency, whom shall we contact (other than parents)?

Name, Address, Phone

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

Signature of parent or guardian

Date