

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 _____

E-mail address _____

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

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: _____

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