

**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 BACKGROUND:**

Religious Affiliation (if any): \_\_\_\_\_

Place of Worship (if any): \_\_\_\_\_

Explain recent changes in your spiritual life (if any) \_\_\_\_\_

**PREVIOUS COUNSELING EXPERIENCE:**

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 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date