

**BIBLICAL COUNSELING INTAKE FORM**

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

**Parents Contact**

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Child's Gender: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Education: Last Grade Completed \_\_\_\_\_

Child's Siblings Names and Age:  
\_\_\_\_\_  
\_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. Please describe the current problem for which you are seeking biblical counseling.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you attempted to do as a parent to alleviate the problem (if anything)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you hope your child achieves through the biblical counseling process? Briefly list two to three goals.

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4. Have you sought other outside help for your child? If so, from whom?

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5. Are you (The Parent) a believer in Jesus Christ? Yes No (circle one)

6. Is the Child coming for counseling a believer in Jesus Christ? Yes No (circle one)

7. Please explain the Gospel as you (The Parent) understand it in the space provided below:

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## ASSESSMENT

1. Please check all the following observed behaviors that apply to your child at this time:

- |  |  |
|--|--|
| <input type="checkbox"/> Sadness                                   | <input type="checkbox"/> Resistant to authority        |
| <input type="checkbox"/> problems getting along with peers, adults | <input type="checkbox"/> Using prescription drugs      |
| <input type="checkbox"/> Exposed to pornography                    | <input type="checkbox"/> Has abused prescription drugs |
| <input type="checkbox"/> Acts out their anger                      | <input type="checkbox"/> Has used illegal drugs        |
| <input type="checkbox"/> Struggles with anger                      | <input type="checkbox"/> Sexually active               |
| <input type="checkbox"/> Holds a grudge                            | <input type="checkbox"/> Feels fearful                 |
| <input type="checkbox"/> Attends church regularly                  | <input type="checkbox"/> Feels worthless               |
| <input type="checkbox"/> Jesus is important in my child's life     | <input type="checkbox"/> Does not read the Bible often |
| <input type="checkbox"/> Child has been physically abused          | <input type="checkbox"/> Has sexually abused others    |
| <input type="checkbox"/> Child has been sexually abused            | <input type="checkbox"/> Has verbally abused others    |
| <input type="checkbox"/> Inflicts self-harm                        | <input type="checkbox"/> Has physically abused others  |
| <input type="checkbox"/> Anxiety                                   | <input type="checkbox"/> I am not aware of my child's  |
| <input type="checkbox"/> Feels worried                             | outside influences                                     |

## CHURCH AFFILIATION

1. Are you a member of a local church? Yes No (circle one)
2. If so, what is the name of the church you attend \_\_\_\_\_  
& how long have you attended this church? \_\_\_\_\_
3. Are you actively involved in your church? Yes No (circle one)
4. Do you have a person/people to whom you are accountable at your church? Yes No  
(circle one)
5. Do you believe being an active part of a community of believers is important to reaching  
your goals in biblical counseling? Why? Why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How did you hear about Spotswood Biblical Counseling Center?  
\_\_\_\_\_  
\_\_\_\_\_

## INFORMED CONSENT

This is to disclose that we offer only biblical counseling. We are not licensed by the Commonwealth of Virginia as any form of professional counselor, therapist or psychologist and do not offer professional counseling, substance abuse counseling, marriage and family therapy, psychiatry, psychometry, or psychology or any other counseling service for which a license is required by the Commonwealth of Virginia.

## CONFIDENTIALITY

Be assured that everything we discuss is completely confidential. However we are bound by legal and ethical parameters for certain situations when others (authorities and loved ones) will be called:

1. If and when information is disclosed regarding the actual or suspected abuse or neglect of a person under the age of 18 or any elderly person. Reasonable efforts will be taken by the Biblical counselor to report this actual or suspected abuse to the appropriate agency (usually law enforcement and/or department of social services/child welfare).
2. If and when information is disclosed regarding any suicidal ideation, plan, or intent on the part of the counselee. The biblical counselor reserves the right to take appropriate and reasonable measures to ensure the safety of the counselee.
3. If and when information is disclosed regarding any homicidal ideation, plan, or intent on the part of the counselee. The biblical counselor reserves the right to take appropriate and reasonable measures to ensure the safety of the imagined and/or intended victims.

## EMERGENCIES

We can be reached at 540-940-2940. If you are unable to reach us in a timely manner, you should contact your physician, a local emergency room or the local police department when necessary and appropriate. It is your responsibility to seek the appropriate resources in emergency situations. By your signature below, you indicate that you have read and understood this statement, and any questions about this statement were answered to your satisfaction. You also indicate that you have received a copy of this statement for your records. By our signature it verifies the accuracy of this statement and acknowledges my commitment to conform to its specifications.

Client Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Biblical Counselor Name (Printed): \_\_\_\_\_

Signature of Biblical Counselor: \_\_\_\_\_

Date: \_\_\_\_\_