

**BIBLICAL COUNSELING INTAKE FORM (Under 18 years)**

CHILD/YOUTH'S NAME: \_\_\_\_\_

PARENT/GAURDIAN'S NAME: \_\_\_\_\_

PARENT'S CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT'S E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CHILD/YOUTH'S GENDER: \_\_\_\_\_ CHILD/YOUTH'S BIRTH DATE: \_\_\_\_\_

CHILD/YOUTH'S AGE: \_\_\_\_\_

EDUCATION: (Last Grade Completed) \_\_\_\_\_

SIBLING'S NAMES AND AGES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. Please describe the current problem for which you are seeking Biblical counseling for your child.

\_\_\_\_\_

\_\_\_\_\_

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2. What have you attempted to do to alleviate your child's problem (if anything)?

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3. What do you hope for your child to achieve 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, as a parent, a believer in Jesus Christ? Yes No (circle one)

6. Is the child/youth a believer in Jesus Christ? Yes No (circle one)

7. Please explain the Gospel as you, as a parent, understand it in the space provided below:

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## ASSESSMENT

Please check all the behaviors that you have observed in your child/youth:

- |  |   |
|--|---|
| <input type="checkbox"/> Sadness                                 | <input type="checkbox"/> Feels worried                      |
| <input type="checkbox"/> Self-harm                               | <input type="checkbox"/> Resistant to authority             |
| <input type="checkbox"/> Has problems getting along with peers   | <input type="checkbox"/> Has used illegal drugs             |
| <input type="checkbox"/> Has problems getting along with adults  | <input type="checkbox"/> Has abused prescription drugs      |
| <input type="checkbox"/> Has used alcohol                        | <input type="checkbox"/> Is sexually active                 |
| <input type="checkbox"/> Has been exposed to pornography         | <input type="checkbox"/> Feels fearful                      |
| <input type="checkbox"/> Struggles with anger                    | <input type="checkbox"/> Acts out his/her anger             |
| <input type="checkbox"/> Holds a grudge                          | <input type="checkbox"/> Does not read their Bible often    |
| <input type="checkbox"/> Does not attend church regularly        | <input type="checkbox"/> Has sexually abused another person |
| <input type="checkbox"/> Jesus is important in your child's life | <input type="checkbox"/> Is verbally abusive towards others |
| <input type="checkbox"/> Has been physically abused              | <input type="checkbox"/> Has been sexually abused           |
| <input type="checkbox"/> Is verbally abusive towards others      | <input type="checkbox"/> Physically abusive towards others  |

## CHURCH AFFILIATION

1. Is your family 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. Is your family actively involved in your church? Yes No (circle one)
4. Does your child have a person/people to whom they are accountable to at your church? Yes No
5. Does your family believe being an active part of a community of believers is important to reaching your goals in biblical counseling? Why? Why not?  
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\_\_\_\_\_  
\_\_\_\_\_

6. How did you hear about Spotswood Biblical Counseling Center? \_\_\_\_\_

## EMERGENCIES

We can be reached at 540-940-2940 Monday-Thursday from 10am-3pm. We are not a 24 hour emergency/crisis center. 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.

Child/Youth's Name (Print): \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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

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

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

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