SPOTSWOOD
BIBLICAL COUNSELING CENTER

A Ministry of Spotswood Baptist Church
4107 Lafayette Blvd., Suite 2 | Fredericksburg, VA 22408 | (540) 940-2940

BIBLICAL COUNSELING INTAKE FORM

Personal Information

Name: _____

Cell Phone: _____

Home Phone: _____

E-mail: _____

Mailing Address: _____

_____

Gender: _____ Date of Birth: _____ Age: _____

Marital Status (Circle one): Single Engaged Married Separated Divorced Widowed

Education (Last Grade Completed): _____

Occupation: _____

Name of Spouse: _____ Years Married: _____

Children's Names and Ages: _____

_____

_____

Counseling Questions

Please answer the following questions as completely as possible. The information you provide will help us serve you well.

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

_____

_____

_____

_____

2. What have you attempted to do to address the problem, if anything?

_____

_____

_____

_____

3. What do you hope to achieve through the Biblical counseling process? Briefly list two or three goals.

_____

_____

_____

_____

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

_____

_____

5. Are you a believer in Jesus Christ? YES / NO _____

6. Please explain the Gospel as you understand it:

_____

_____

_____

_____

Assessment

Please check all of the following that apply to you at this time. The information in this section is confidential and will be used only to help your counselor understand your situation and serve you more effectively.

☐ I feel depressed

☐ I feel anxious

☐ I am having marital problems

☐ I struggle with my in-laws

☐ I struggle as a parent

☐ I feel hopeless

☐ I feel fearful

☐ I feel angry

☐ I struggle with anger

☐ I am a poor communicator

☐ I feel sad

☐ I feel worthless

☐ I do not read my Bible often

☐ I don't think about Jesus much

☐ I have been sexually abused

☐ I have been verbally abused

☐ I have engaged in physically abusive behavior

☐ I use illegal drugs

☐ I view pornography

☐ I self-harm or have thoughts of self-harm

☐ I struggle with bitterness

☐ I do not attend church regularly

☐ Jesus is important in my life

☐ I strongly fear rejection

☐ I have been physically abused

☐ I have engaged in sexually abusive behavior

☐ I use or abuse alcohol

☐ I use prescription drugs

☐ I struggle sexually

☐ I have thoughts of harming others

Church Affiliation

1. Are you a member of a local church? YES / NO _____

2. Name of church you attend: _____

   How long have you attended? _____

3. Are you actively involved in your church? YES / NO _____

4. Do you have an accountability partner at your church? YES / NO _____

5. Do you believe that being part of a community of believers is important to reaching your goals in Biblical counseling? Why or why not? _____

_____

_____

_____

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

_____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Acknowledgment

We can be reached at (540) 940-2940, Monday through Thursday, from 10:00 a.m. to 3:00 p.m. We are not a 24-hour crisis or emergency 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 appropriate resources in emergency situations.

I acknowledge that I have received and reviewed the SBCC Ministry Privacy Notice.

By signing below, I confirm that I have read and understood this intake form, and that any questions about this form have been answered to my satisfaction.

Printed Name of Counselee: _____

Signature of Counselee: _____

Date: _____

For Office Use Only

Assigned Counselor (Printed): _____

By signing below, the counselor acknowledges receipt of this intake form and that the form has been reviewed with the counselee.

Signature of Counselor: _____

Date: _____