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 (Under 18 Years)

To be completed by Parent or Legal Guardian

Child/Youth Information

Child/Youth's Name: _____

Parent/Guardian's Name: _____

Parent's Cell Phone: _____

Home Phone: _____

Parent's E-mail: _____

Mailing Address: _____

_____

Child/Youth's Gender: _____ Date of Birth: _____ Child/Youth's Age: _____

Last Grade Completed: _____

Sibling's Names and Ages: _____

_____

_____

Emergency Contacts

Primary Emergency Contact (if different from parent above):

Name: _____

Relationship: _____

Phone: _____

Secondary Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Counseling Questions

Please answer the following questions as completely as possible.

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

_____

_____

_____

_____

_____

2. What have you attempted to do to address your child's problem, if anything?

_____

_____

_____

_____

3. What do you hope for your child to achieve through Biblical counseling? Briefly list two or three goals.

_____

_____

_____

_____

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

_____

_____

5. Are you, as a parent, a believer in Jesus Christ?: YES / NO _____

6. Is your child a believer in Jesus Christ?: YES / NO _____

7. Please explain the Gospel as you, as a parent, understand it:

_____

_____

_____

_____

_____

Assessment

Please check all behaviors you have observed in your child. The information in this section is confidential and will be used only to help your counselor understand your child's situation and serve your family more effectively.

- ☐ Sadness
- ☐ Self-harm or talk of self-harm
- ☐ Problems getting along with peers
- ☐ Problems getting along with adults
- ☐ Has used alcohol
- ☐ Has been exposed to pornography
- ☐ Struggles with anger
- ☐ Holds a grudge or bitterness
- ☐ Does not attend church regularly
- ☐ Jesus is important in your child's life
- ☐ Has been physically abused
- ☐ Has been sexually abused
- ☐ Feels worried or anxious
- ☐ Resistant to authority
- ☐ Has used illegal drugs
- ☐ Has abused prescription drugs
- ☐ Is sexually active
- ☐ Feels fearful
- ☐ Acts out anger
- ☐ Does not read their Bible often
- ☐ Has engaged in sexually abusive behavior
- ☐ Is verbally abusive toward others
- ☐ Is physically abusive toward others
- ☐ Thoughts of harming others

Church Affiliation

1. Is your family a member of a local church? YES / NO _____

2. Name of church you attend: _____

   How long have you attended? _____

3. Is your family actively involved in your church? YES / NO _____

4. Does your child have an accountability partner at church? YES / NO _____

5. Does your family 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? _____

_____

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 Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Minor Assent (Ages 14-17)

SBCC believes in honoring the developing maturity of adolescent counselees. If the child/youth is between 14 and 17 years of age, we ask the child/youth to sign below to indicate that they understand the nature of biblical counseling at SBCC and agree to participate.

Printed Name of Child/Youth: _____

Signature of Child/Youth: _____

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 parent/guardian.

Signature of Counselor: _____

Date: _____