



**LIFE FOCUS CENTER**

Moorestown, NJ

## CHILD INTAKE FORM

Thank you for choosing to begin your child's Biblical Counseling journey with us. This form is designed to help us understand your child's background and current situation. Please complete it thoroughly. All information is kept confidential.

### SECTION 1: CHILD INFORMATION

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Referred by (if applicable): \_\_\_\_\_

### SECTION 2: FAMILY INFORMATION

Parents' marital status (circle one): Married / Separated / Divorced / Never Married / Other

Who does the child live with? \_\_\_\_\_

List all people living in the household and their relationship to the child:

\_\_\_\_\_

### SECTION 3: CHILD'S HEALTH AND BEHAVIOR

Describe any physical health problems, diagnoses, or medications:

\_\_\_\_\_

\_\_\_\_\_

Has your child received previous counseling or therapy? Yes / No

If yes, with whom and for what reason?

\_\_\_\_\_

Describe your child's strengths and interests:

\_\_\_\_\_

\_\_\_\_\_

Describe your child's challenges or concerns:

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Have there been any recent changes or traumatic experiences? Yes / No

If yes, please explain: \_\_\_\_\_

#### **SECTION 4: SPIRITUAL BACKGROUND**

Is your child familiar with Christian faith or practices? Yes / No

If yes, briefly describe their understanding:

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Do you attend a church? Yes / No

If yes, where: \_\_\_\_\_

Would you like Biblical principles incorporated into counseling? Yes / No

#### **SECTION 5: TEMPERAMENT**

Temperament is the inborn part of man that determines how he reacts to people, places, and things. It influences our attitudes, choices, and responses to life's challenges. Understanding your child's temperament can help uncover their strengths and struggles, allowing counseling to be more precise and personally tailored. We utilize the Temperament Analysis Profile (T.A.P.) developed by the National Christian Counselors Association (N.C.C.A.). This tool helps identify temperament in three areas: Inclusion (social orientation), Control (decision making), and Affection (deep relationships). This understanding enhances spiritual and emotional growth.

Has your child ever taken a Temperament Analysis Profile? Yes / No

If yes, which one? \_\_\_\_\_

What is your understanding of your child's temperament?

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#### **SECTION 6: CHILD'S STATEMENT**

In your own words, please tell us why you think you're here and what you hope will happen in counseling:

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## SECTION 7: CONSENT

I understand that the counseling provided will be based on Biblical principles. I give permission for my child to receive counseling.

Parent/Guardian Signature: \_\_\_\_\_

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