



COUNSELING & DISCIPLESHIP INQUIRY FORM

At New Beginnings Baptist Church, we desire and strive to become an authentic biblical community. Therefore, we value vulnerably processing through hurts, habits, hang-ups, and preparing for the future. Please complete our Counseling and Discipleship Inquiry Form as thoroughly as possible so our team can know how to best serve you and/or your family's needs. Feel free to use the back of this form if you need more space.

Name: _____ Phone #: _____

Email Address: _____

WHO ARE YOU COMPLETING THIS INQUIRY FORM FOR?

- Self Self & Spouse
 Your Entire Family Your Child(ren)
 Other: _____

PLEASE LIST THE NAMES AND AGES OF EACH PERSON THAT IS SEEKING COUNSELING/DISCIPLESHIP:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

HOW WERE YOU REFERRED TO NBBC FOR COUNSELING/DISCIPLESHIP?

- Church Member- Member's Name: _____
 Pastor/Staff- Pastor/Staff Name: _____
 Other- _____

CHOOSE THE BEST ANSWER(S) THAT REPRESENT YOUR CHURCH ATTENDANCE:

- Member of NBBC- Which Campus? Gilmer Longview Online
 Visitor of NBBC- Which Campus? Gilmer Longview Online
 Member of another church- Church Name: _____
 Other- Please describe: _____

WHAT TYPE OF COUNSELING/DISCIPLESHIP IS BEING SOUGHT?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Pre-Marital | <input type="checkbox"/> Child or Adolescent | <input type="checkbox"/> Spiritual Discernment |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Other: _____ | |

WHICH TOPICS WOULD YOU LIKE TO DISCUSS?

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Addiction | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Grief/Loss/Trauma | <input type="checkbox"/> Marriage | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Pornography | <input type="checkbox"/> Pre-Marital Preparation | <input type="checkbox"/> Relationship Boundaries |
| <input type="checkbox"/> Separation & Divorce | <input type="checkbox"/> Sexual Issues | <input type="checkbox"/> Spiritual Growth & Prayer |
| <input type="checkbox"/> Other: _____ | | |

Please provide details concerning the topic(s) you would like to address in counseling/discipleship? _____

Has the person seeking counseling/discipleship seen a counselor or pastor for this issue in the past? Yes No If yes, detail if there was any benefit to the help that was received?

Is anything currently being done to manage the issue? Yes No
If Yes, What? _____

Are there any other pertinent comments or info that may aid our staff in best serving your needs?

