



Good Samaritan
MINISTRIES

Good Samaritan Ministries (GSM)

Request for Counseling Form

Full Name: _____
(please print) (First Name) (Middle Initial) (Last Name)

Address: _____ City/State/Zip: _____

Phone Number: (_____) _____

Email Address: _____

Personal Information

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Contact Permissions

May we leave a voicemail? Yes ☐ No ☐

May we send emails? Yes ☐ No ☐

May we send text messages? Yes ☐ No ☐

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other: _____

Children (Names and Ages)

1. _____ Age: _____ 2. _____ Age: _____

3. _____ Age: _____ 4. _____ Age: _____

Have you met with a GSM Counselor previously? ☐ Yes ☐ No

If yes, when? _____ Name of counselor: _____



Counseling Information:

What type of counseling are you seeking?

- | | |
|--|--|
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Child Counseling |
| <input type="checkbox"/> Couples/Marriage Counseling | <input type="checkbox"/> Addiction Counseling |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Grief Counseling |
| <input type="checkbox"/> Adolescent (14 & above) | <input type="checkbox"/> Relationship Counseling |

Other: _____

Additional Notes or Special Requests: _____

Do you prefer virtual or in-person counseling? ☐ Virtual ☐ In-Person

Availability

GSM makes every effort to schedule counseling to accommodate client availability. GSM counselors work various schedules. The more availability you can afford in your schedule, the sooner we can place you with an available counselor.

Please indicate the days of the week and the time(s) of day you are available for counseling, please mark all that apply.

Day of the Week	Morning	Afternoon	Evening
Monday	<input type="checkbox"/> 8am-Noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Tuesday	<input type="checkbox"/> 8am-Noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Wednesday	<input type="checkbox"/> 8am-Noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Thursday	<input type="checkbox"/> 8am-Noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Friday	<input type="checkbox"/> 8am-Noon	<input type="checkbox"/> Noon-5:00pm	Office Closed at 5:00

Please return your completed paperwork to:

By Mail or Drop-Off

Good Samaritan Ministries
7929 SW Cirrus Drive, Bldg. 23
Beaverton, OR 97007

By Email:

Frontdesk@gsmusa.org

Client/Guardian Signature:

Date received by office:

_____/_____/_____