



Good Samaritan Ministries (GSM) Request for Counseling Form

Date: _____

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

Date of Birth: ___/___/___ Age: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Contact Permissions:

Okay to leave message on the following phones: Home Cell Work

Contact you by mail at home address? Yes No

Receive appointment reminder by email? Yes No

Interested in receiving monthly GSM email updates, classes, & events? Yes No

Email Address: _____

Emergency Contact Information

Please provide us with the contact information of someone not living at your residence

Name: _____ Relationship to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Family Information

Marital Status: Married Separated Divorced Partnered Never Married

Single Widowed

Names & Ages of Children: _____

Counseling Information

Have you met with a GSM counselor previously? Yes No

When? _____ Name of Counselor: _____

Referred By: _____

If not referred, how did you learn about Good Samaritan Ministries? Friend Relative

Internet At event sponsored by GSM Other: _____

What type of counseling are you seeking?

Individual Adolescent (14 & above) Child Family Couples

Addiction Court-ordered Relationship Grief Other: _____

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 (Monday-Friday) 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"/> 8 am-noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Tuesday	<input type="checkbox"/> 8 am-noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Wednesday	<input type="checkbox"/> 8 am-noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Thursday	<input type="checkbox"/> 8 am-noon	<input type="checkbox"/> Noon-5:00pm	<input type="checkbox"/> 5-9:00pm
Friday	<input type="checkbox"/> 8 am-noon	<input type="checkbox"/> Noon-5:00pm	Closed by 5:00 pm

Please return completed paperwork to:

For more information about classes & events:
GoodSamaritanMinistries.org

By Mail or Drop-Off

Good Samaritan Ministries
7929 SW Cirrus Drive, bldg. 23
Beaverton, OR 97008

To Contact Our Office:
(503) 644-2339

By Fax: (503) 646-8898

By Email: frontdesk@gsmusa.org

Client/Guardian Signature: _____

(Office) Date Received: ____/____/____