

**SAMARITAN COUNSELING SERVICES**  
**Personal Information Form**

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

**DIRECTIONS:**

*Please fill out this form as completely as you can. Many factors can play an important role in causing psychological problems, and this form is designed to ask about such problems. Some of the questions may seem overly personal, but your frank answers will let us help you in the best way we can.*

**I. GENERAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Referred to Samaritan by: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Why Samaritan? \_\_\_\_\_

How long has the problem gone on? \_\_\_\_\_

What incident led to referral? \_\_\_\_\_

**II. PERSONAL INFORMATION**

**A. Current Marital Status**

- |                              |                        |
|------------------------------|------------------------|
| 1. ___ single, never married | 5. ___ remarried       |
| 2. ___ married               | 6. ___ widowed         |
| 3. ___ separated             | 7. ___ other           |
| 4. ___ divorced              | (please specify) _____ |

Have you ever been separated, divorced, widowed (please circle which)?

**B. Relational Status**

1. \_\_\_ living with partner
2. \_\_\_ in relationship, but not living with partner
3. \_\_\_ not in relationship

**C. Spouse/Partner**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Birth Date \_\_\_ / \_\_\_ / \_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If using this person's insurance)

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### D. Racial/Ethnic Group

- |  |  |
|--|--|
| 1. <input type="checkbox"/> African-American | 4. <input type="checkbox"/> Caucasian                    |
| 2. <input type="checkbox"/> Native-American  | 5. <input type="checkbox"/> Latino/Latina                |
| 3. <input type="checkbox"/> Asian-American   | 6. <input type="checkbox"/> Other (please specify _____) |

### E. Religious Information

- |   |                                   |
|---|-----------------------------------|
| 1. <input type="checkbox"/> Buddhism                    | 5. <input type="checkbox"/> Islam |
| 2. <input type="checkbox"/> Christianity, Catholicism   | 6. <input type="checkbox"/> None  |
| 3. <input type="checkbox"/> Christianity, Protestantism | 7. <input type="checkbox"/> Other |
| 4. <input type="checkbox"/> Judaism                     | (please specify) _____            |

Please indicate:

Denomination / Group \_\_\_\_\_ Church/Group Name \_\_\_\_\_

Pastor / Leader's name \_\_\_\_\_

How often do you attend?  Never  Sometimes  Regularly

### F. Education

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Ph.D. or equivalent doctorate                     | 4. <input type="checkbox"/> Associate's Degree (2-year college) |
| 2. <input type="checkbox"/> Master's Degree or equivalent professional degree | 5. <input type="checkbox"/> High school                         |
| 3. <input type="checkbox"/> Bachelor's Degree (4-year college)                | 6. <input type="checkbox"/> Other                               |

What was your major/field of study \_\_\_\_\_

In completing this level of education, did you experience any interruptions or serious difficulties along the way?  Yes  No

If Yes, please explain briefly \_\_\_\_\_  
\_\_\_\_\_

### G. Current Employment Status

1.  full-time parent or homemaker
2.  full-time employed, permanent job
3.  part-time employed
4.  underemployed, seeking an increase in working hours
5.  unemployed, looking for permanent employment

Current employer \_\_\_\_\_

Current Job \_\_\_\_\_ How long employed w/company? \_\_\_\_\_

### H. Job History

Date	Employer	Job Description	Reason for leaving

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1. What are your future interests and goals for employment?

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2. What special education and / or training will you need to achieve these goals?

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**I. Other**

1. What is your yearly household income?

- |   |   |
|---|---|
| a. <input type="checkbox"/> \$0 - \$9,999       | e. <input type="checkbox"/> \$40,000 - \$59,999 |
| b. <input type="checkbox"/> \$10,000 - \$19,999 | f. <input type="checkbox"/> \$60,000 - \$74,999 |
| c. <input type="checkbox"/> \$20,000 - \$29,999 | g. <input type="checkbox"/> \$75,000 and over   |
| d. <input type="checkbox"/> \$30,000 - \$39,999 |   |

2. Have you served in the Military?

- a.  Yes                      b.  No

If yes, please provide the following information:

Branch of Service \_\_\_\_\_

Responsibilities/Duties \_\_\_\_\_

\_\_\_\_\_

Rank at Discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_

3. What is your sexual orientation? (Optional)

- a.  bisexual  
b.  gay or lesbian  
c.  heterosexual  
d.  uncertain

4. Are there present or prior legal problems in any way associated with your seeking treatment at this time?    a.  Yes                      b.  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**J. Leisure Activities**

1. Approximately how much time do you allow for leisure activities?

Typical week day: \_\_\_\_\_ hours per day

Typical weekend (Sat. and Sun.) \_\_\_\_\_ hours per weekend

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2. Is the amount of leisure time you have available,  
 \_\_\_\_\_ less than adequate \_\_\_\_\_ adequate \_\_\_\_\_ more than adequate  
 \_\_\_\_\_ much too much

3. With regard to the ways you spend your leisure time, would you say you are:  
 \_\_\_\_\_ very dissatisfied \_\_\_\_\_ less than satisfied \_\_\_\_\_ satisfied  
 \_\_\_\_\_ more than satisfied \_\_\_\_\_ very satisfied

4. Please list the activities in which you are most active starting with the activity in which you spend the most time. (Include activities such as, photography, painting, reading, outdoor sports, fishing, church activities, going to bars/night clubs, watching TV, traveling, household projects, etc.)

Activity	Approximately how many hours/week
_____	_____
_____	_____
_____	_____
_____	_____

5. Are there any activities in which you currently do not participate but would like to in the future? Please list these activities below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. With whom do you spend your free time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. FAMILY INFORMATION**

A. How many siblings do you have? \_\_\_\_\_ brothers \_\_\_\_\_ sisters

B. Are you adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. In respect to your siblings, **you** are the:

- |                               |                         |
|-------------------------------|-------------------------|
| 1. _____ oldest child         | 4. _____ youngest child |
| 2. _____ 2 <sup>nd</sup> born | 5. _____ other _____    |
| 3. _____ 3 <sup>rd</sup> born |                         |

D. What was your family's religion during your childhood?

- |                                      |                        |
|--------------------------------------|------------------------|
| 1. _____ Buddhism                    | 5. _____ Islam         |
| 2. _____ Christianity, Catholicism   | 6. _____ None          |
| 3. _____ Christianity, Protestantism | 7. _____ Other         |
| 4. _____ Judaism                     | (please specify) _____ |

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**E. Current Household**

1. Information about your spouse and children (if applicable).
2. Information about other persons who live with you.
3. Please indicate the number of people in your household, including yourself \_\_\_\_.

NAME	RELATIONSHIP TO YOU	AGE OR WHEN DECEASED	OCCUPATION/SCHOOL

How would you characterize your home life now?  
 \_\_\_\_ Stable    \_\_\_\_ About average    \_\_\_\_ Chaotic

**F. Family of Origin**

1. Information about your parents, or step-parents (living or deceased)
2. Information about people in your family you grew up with

NAME	RELATIONSHIP TO YOU	AGE OR WHEN DECEASED	OCCUPATION/SCHOOL

How would you characterize your home life when you were growing up?  
 \_\_\_\_ Stable    \_\_\_\_ About average    \_\_\_\_ Chaotic

Is there anything else you would like for us to know?

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**I have read the Treatment and Policy Information Sheet and understand that the information I have given on this form will be a part of my permanent record and will be treated confidentially, as is covered in the Treatment and Policy Information Sheet under “Confidentiality.”**

\_\_\_\_\_  
 Client’s Signature

\_\_\_\_\_  
 Date