

# Directive Counseling Intake Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Please state primary reason for you visit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ethnic Background

\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_ Asian  
\_\_\_\_ African American  
\_\_\_\_ Hispanic  
\_\_\_\_ Pacific Islander/Native Hawaiian  
\_\_\_\_ Caucasian  
\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ Prefer Not to Disclose

## Relationship Status

\_\_\_\_ Committed Partnership  
\_\_\_\_ Divorced  
\_\_\_\_ Married  
\_\_\_\_ Separated  
\_\_\_\_ Single  
\_\_\_\_ Widowed  
\_\_\_\_ Other: \_\_\_\_\_

## Education

\_\_\_\_ High School - No Diploma  
\_\_\_\_ High School Diploma or GED  
\_\_\_\_ Trade Certificate  
\_\_\_\_ College - No Degree  
\_\_\_\_ Associate's Degree  
\_\_\_\_ Bachelor's Degree  
\_\_\_\_ Master's Degree  
\_\_\_\_ Professional Degree  
\_\_\_\_ Ph.D.  
\_\_\_\_ Other: \_\_\_\_\_

## Responsible for Dependents

\_\_\_\_ Yes      \_\_\_\_ No

## Insurance

\_\_\_\_ Aetna                      \_\_\_\_ Aetna HSA  
\_\_\_\_ Ameriben                \_\_\_\_ Spouse Insurance  
\_\_\_\_ Cigna                      \_\_\_\_ Other Insurance  
\_\_\_\_ United                     \_\_\_\_ None