

## 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: \_\_\_\_\_

Responsible for Dependents

Yes       No

### 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: \_\_\_\_\_

### Mental Health History (Diagnosis)

### Medication History (If applicable)

### Medical History