



CAREER COUNSELING

Elizabeth S. Arnold, LPC, NCC

New Client Information

Name \_\_\_\_\_

Date \_\_\_\_\_

Your Preferred Pronoun:

He  She  They  Other

Marital Status:

Single  Spouse/Partner/  
Significant Other

Date of Birth \_\_\_\_\_

Dependents: \_\_\_\_\_

Number

Ages

Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Email

\_\_\_\_\_ (will remain confidential)

Emergency Contact

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Are you employed? YES  FULL-TIME  PART-TIME  NO

Currently in an educational or training program? YES  NO  If yes, please describe:

Please list degrees with majors, licenses, certifications, institutions attended and dates:

\_\_\_\_\_

Describe tasks and responsibilities of most recent job or volunteer opportunity:

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Employer

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Nature of Business

Please describe what you hope to achieve through career counseling:

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Career Counseling Referral Source

If referral is a personal contact, do I have your permission to thank this person? YES  NO

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If yes, please provide the referral's phone number or email.

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Client Signature (Please add electronic signature)

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Date