



CAREER COUNSELING

Elizabeth S. Arnold, LPC, NCC

NCDA Master Career Counselor

Client Information

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Age _____ Gender _____

Email address (*will remain confidential*) _____

Marital Status: ()Single ()Married ()Divorced ()Widowed ()Separated ()Living with Partner

Number, Names, Ages of Dependents _____

List degrees with majors, licenses, certificates earned as well as the institutions attended and dates:

Currently in an educational or training program? Yes _____ No _____ If "yes", please describe:

Are you employed? Yes _____ Full-time _____ Part-time _____ No _____

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

Employer _____

Nature of business _____

Career Counseling Referral Source _____

If referral is a personal contact, do I have your permission to thank this person? Yes ___ No ___ If yes, the referral's phone number or email _____

Please describe what you hope to achieve through career counseling _____

Client signature _____ Date _____