

PLEASE PRINT, FILL OUT, AND BRING TO FIRST APPOINTMENT
Client Information Form – Career Counseling

This form is completely confidential

Today's date: _____

Your name: _____
Last First Middle Initial

Date of birth: _____ Social Security #: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Calls will be discreet, but please indicate any restrictions: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Referred by: _____

- May I have your permission to thank this person for the referral?
 Yes No
- If referred by another clinician, would you like for us to communicate with one another?
 Yes No

FAMILY

Name of spouse/partner: _____ Level of Education _____

Employment of spouse/partner: _____

Number of children: Male: _____ Ages: _____

Female: _____ Ages: _____

Father's occupation: _____ Level of Education: _____

Living _____ Deceased _____

Mother's occupation: _____ Level of Education: _____

Living _____ Deceased _____

Which of these jobs did you feel best qualified for and why? _____

Which of these jobs did you feel least qualified for and why? _____

Briefly describe your present job: _____

What parts of your present job do you like best? _____

What parts of your present job do you dislike the most? _____

Please describe any physical or health condition (including learning disorders) that concern you or could affect your work: _____

What type(s) of previous counseling or therapy have you received? _____

Are you currently in counseling or therapy and if so with whom? _____

YOURSELF

Check five hobbies and spare time activities that you enjoy:

- | | |
|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Playing checkers or chess |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Playing a musical instrument |
| <input type="checkbox"/> Collecting (antiques, coins, etc) | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Stock Market | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Theater arts |
| <input type="checkbox"/> Drawing or painting | <input type="checkbox"/> Track/running |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Football | <input type="checkbox"/> Visiting friends |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Volunteer work |
| <input type="checkbox"/> Going to movies | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Watching TV |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Writing articles, stories, etc. |
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Other |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Other |
| <input type="checkbox"/> Playing cards | <input type="checkbox"/> Other |

List four or five traits that you feel are most characteristic of you:

Your strengths

Your weaknesses

EVALUATION OF OCCUPATIONAL EXPERIENCE

**What are some of the most influential factors you feel have shaped your career planning?
Please include influential people, experiences, personal attributes, goals, etc.**

What skills or attributes would you like to develop to a greater degree?

What occupations are you most considering? Why?

What salary range do you expect in your next job?

What are your ultimate personal and career goals or objectives?

List below any occupations that you would like information about: _____

Other information you would like to share that you think may be relevant to career counseling:
