



General Information

Date: _____ Date of Birth: _____ Age: _____

Full Name: _____

Address (Include Zip): _____

Phone: Home: _____ (Is it okay to leave a detailed message at this number? Yes __ No __)

Cell: _____ (Is it okay to leave a detailed message at this number? Yes __ No __)

Email Address: _____

Do I have your consent to email an appointment reminder prior to sessions? Yes__ No__

Do I have your consent to email digital copies of:

1) Records: Yes ____ No ____

2) Billing Statements: Yes ____ No ____

Emergency Contact Name: _____

Phone #: _____ Email Address: _____

Please tell me a little more about you:

Gender: _____

Ethnicity/Cultural Identity: _____

Spiritual Beliefs: _____

Disability (if any): _____

Sexual Orientation: _____

Occupation and/or School Major: _____

Gross Annual Household Income (or parents' income if you are supported by parents): _____

Who referred you to our services? Please provide contact information:

Please list the reason(s) you are seeking career counseling services:

Have you been to counseling before? If so, what for? When?

Do you have any mental health concerns impacting you currently? If so, please explain:

What is your job/major and level of satisfaction from that job/major (or last job if unemployed)?

How did/do you like school and what are/were your favorite subjects?

Briefly describe your personality:

List any special skills you might have, special training you received or any certifications that you hold:

List some of your hobbies/interests:

Describe your current career goals and what you hope to get from counseling:

Please answer the following questions by either writing a short answer or circling the answer that best represents you?

Question	Answer – Circle or write short answer
1. Are you currently employed?	<ul style="list-style-type: none"> • Working full time • Working part time • Not currently working • Full time student
2. What best describes your current household situation in terms of who lives there, your marital status, etc.?	<ul style="list-style-type: none"> • Married/Partnered • Divorce • Single
3. Do you have any children?	<ul style="list-style-type: none"> • Yes or No
4. How much do the members of your household depend on your income for support?	<ul style="list-style-type: none"> • Entirely • Partially • Not at all
5. Which of the educational levels best represents you?	<ul style="list-style-type: none"> • I am in school now • I have about two years of training • I have a college degree
6. Would you consider relocating to another city or state in order to obtain employment or a change in career?	<ul style="list-style-type: none"> • Definitely NOT • Possibly • Yes
7. Describe two qualities that you like about yourself.	1. 2.
8. Describe two traits about yourself that you think you need to work on.	1. 2.
9. What amount of time are you willing to commit to this process?	<ul style="list-style-type: none"> • Less than 1 month • 1 month to 6 months • I'm not sure yet