
CAREER COUNSELING CLIENT INFORMATION

Name _____

Date of birth _____

Address _____

Phone Numbers:	Okay to call?	Okay to leave message?
Home: _____	Yes/No	Yes/No
Work: _____	Yes/No	Yes/No
Cell: _____	Yes/No	Yes/No

Goals for career counseling:

Educational and Work History (please attach resume or list of past educational, work, and volunteer experiences; continue on back of page if necessary)

Please describe any medical, family, or mental health issues that have affected your career in the past (or that you have concerns may affect your career in the future).

Please list people (first names only) whom you feel you can rely on for emotional and/or financial support during your career exploration/transition and rate the degree to which you feel you can count on their support on a scale of 0 to 5 (with 0 being no support, 1 being very little support and 5 being very much support).

Name	Relationship (e.g., spouse, friend)	Level of Emotional Support (0-5)	Level of Financial Support (0-5)