

**Counseling Associates for Well-Being  
Athens, GA**

**Career Counseling Intake Form**

In order to better understand the nature of your career counseling appointment, please complete this intake form.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**What is your reason for seeking career counseling?**

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**Have you previously received career counseling?** Yes or No

If yes, please describe your experience.

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**Education/Training**

**High School Information**

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<i>High School</i>	<i>Location</i>	<i>Graduation Date</i>
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*For High School Students*

Favorite Classes: \_\_\_\_\_

**College Information**

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<i>College</i>	<i>Location</i>	<i>Graduation Date</i>
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*Major (s)/Degree (s)*

**Graduate School**

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<i>Graduate School</i>	<i>Location</i>	<i>Graduation Date</i>
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*Field of Study/Degree*

Additional Training: \_\_\_\_\_

**Employment Information**

You may complete this section or attach a copy of your current resume.

Current Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position/Type of Work:

Are you having any difficulties/stressors in your current job? If so, please briefly describe those difficulties.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Employer</b>	<b>Position/Type of Work</b>	<b>Dates of Employment</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Military History**

Provide branch, rank, enlistment dates, type of discharge

\_\_\_\_\_  
\_\_\_\_\_

**Recreational and Volunteer Activities**

List your hobbies, recreational involvement, and volunteer commitments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you perceive as the greatest barriers you currently face in your future planning?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there anything else that you would like to share as it may relate to the nature of your appointment?**