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?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Have you previously received career counseling?  Yes or No

If yes, please describe your experience.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Education/Training

High School Information

<table>
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<tr>
<th>High School</th>
<th>Location</th>
<th>Graduation Date</th>
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For High School Students
Favorite Classes: _______________________

College Information

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<tr>
<th>College</th>
<th>Location</th>
<th>Graduation Date</th>
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Major (s)/Degree (s)

Graduate School

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<tr>
<th>Graduate School</th>
<th>Location</th>
<th>Graduation Date</th>
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</thead>
</table>

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.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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<tr>
<th>Employer</th>
<th>Position/Type of Work</th>
<th>Dates of Employment</th>
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**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?