



Peace of Mind Counseling, LLC

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CAREER INTAKE FORM

Thank you for taking the time to complete this form. The information and history you provide to me will help me better understand you and will be helpful in planning services for you. Please answer the questions carefully and ask about any question you do not understand. The information on this form is subject to client-therapist confidentiality.

Date: _____

Full Name: _____ Date of Birth: _____

Have you previously attended therapy or invested in professional career development services before?

Y N

Who did you see? _____

Reason you sought services: _____

Type of counseling you received: _____

Was the therapy/services helpful? **Helpful** **Somewhat Helpful** **Not Helpful**

EDUCATION/TRAINING INFORMATION

What is your highest education level completed? _____

Current School (if applicable): _____

What is the highest grade or degree that your parents or guardians completed? _____

Please list any other relevant education, certifications, or specialized training you have:

Are you, or would you like to, pursue further education? If so, please describe what you are thinking about and why:

What subjects have you **MOST** enjoyed studying?

What subjects have you **LEAST** enjoyed studying?

Are you experiencing any difficulties/stressors at school or related to your education? **Y** **N**

If yes, please briefly describe

EMPLOYMENT INFORMATION

What is your current employment status? (Check all that apply)

Employed Full Time	Seeking Employment	Military
Employed Part Time	Volunteer	Retired
Homemaker	Student	Other, please describe
Unemployed	Disabled	

Current job title and employer: _____

How long have you been in your current position? _____

On a scale of 1 to 10, with 1 being "Least Satisfied" and 10 being "Most Satisfied," how satisfied are you with your current career/job? _____

Are you experiencing any difficulties/stressors in your current job? **Y** **N**

If yes, please briefly describe

CAREER INFORMATION

In your words, please describe what prompted you to seek career counseling at this time:

What do you hope to accomplish by engaging in career counseling?

What would you **MOST** like to change about your current career/job?

What are your current career goals? (Even if you are uncertain, just fill in any thoughts that you might have):

If you could do/be anything you want, what would it be?

What kinds of barriers have/could get in the way of meeting your career goals?

Please number in order from 1 to 5 (with 1 being most important) which five values are most important for you to receive from work?

Achievement

Authority

Challenge/adventure

Competition

Creativity

Environment

Free time/leisure

Helping others/society

Independence/Self-

Direction

Intellectual Stimulation

Leadership

Money

Moral Fulfillment

Security

Stability

Status/recognition

Variety

Thinking back over your life, what aspects of your prior experience have you **MOST** enjoyed?

Thinking back over your life, what aspects of your prior experience have you **LEAST** enjoyed?

SKILLS

What are the **top three** skills that you offer an employer?

1. _____
2. _____
3. _____

What can you do **easily** that other people find difficult?

What is **difficult** for you that others seem to find easier?

What are the skill requirements for your dream job? (Even if you are unsure, list what you think they might be):

FAMILY BACKGROUND

If known, what were your parents'/guardians' career(s)?

Did they like their career(s)/were they satisfied with their work? _____

What types of careers do other significant family members (siblings, grandparents, etc.) or important people in your life who have influenced you (mentors, teachers, etc.) have?

HOBBIES/LEISURE

Name three activities you enjoy doing in your leisure time:

1. _____
2. _____
3. _____

MENTAL HEALTH INFORMATION

Please check any of the stressors you have experienced over the last 12 months:

Abusive or violent environment	Death of a loved one, if so, relationship(s):
Alcohol/drug addiction in the family	_____
Change in health	Divorce or breakup
Change of job or job loss	Experienced a traumatic event
Concerns regarding gender	Experienced acts of discrimination
Concerns regarding other social identity(ies)	Personal injury or illness
(race/ethnicity, sexual orientation,	Relationship problems, family
religion/spirituality, age, etc.)	Relationship problems, significant other(s)

Other significant stressors or life changes: _____

How long have you been experiencing these problems?

Please list any past or present mental health diagnosis you or anyone in your family have received:

Please check any behaviors/symptoms that apply to you:

Addictive Behaviors	Excessive Worry	Mood Swings
Aggressive Behaviors	Fear of Losing Control	Motivation Problems
Agitation	Hallucinations	Nightmares
Anger and Rage	High Risk Behaviors	Night Terrors
Anxiety	Hopelessness	Obsessive Neg. Thoughts
Attention Problems	Hyper-vigilance	Panic Attacks
Chronic Fatigue	Hyperactivity	Self-Injurious Behavior
Chronic Pain	Impulsive Behavior	Sexual Concerns
Concentration Problems	Irritability	Sleeping Problems
Depression	Lack of Interest	Trauma
Emotional Overwhelm	Low Self-Esteem	Withdrawn
Excessive Guilt	Memory Problems	

Other(s): _____

How long have you been experiencing the above behaviors/symptoms?

Which of the above behaviors/symptoms are the most concerning to you?

Have you ever tried to injure or kill yourself? **Y** **N**

If yes, when did this occur? _____

In the last 6 months, have you been admitted to a psychiatric facility? **Y** **N**

In the last 6 months have you been to the ER for any psychiatric reason? **Y** **N**

MEDICAL HISTORY

Primary care provider: _____

Medications and/or supplements you are currently taking:

Have you experienced any of the following? Please check and describe:

Chronic Illness: _____

Surgeries: _____

Hospitalizations: _____

Head Injuries: _____

Eating Problems: _____

Other Medical Issues: _____

STRENGTHS AND RESOURCES

Please list your most supportive and important relationships. Are you experiencing any current problems with any of these relationships?

Is there anything about your cultural heritage, gender identity, sexual orientation, religion, spirituality, language abilities or other social identities you would like me to know?

Do you identify having any of these **STRENGTHS**:

Sense of Humor

Commonsense

Curiosity

Good problem solving skills

Positive Attitude

Open-mindedness

Creative

Persistent

Thoughtful

Please share any other personal strengths:

Please identify which **RESOURCES** you currently have:

Supportive Family

Financial Resources

Others (please describe):

Supportive Friends

Religious/Spiritual

Support Groups or

Community (please list):

Organizations

Is there any other information that you feel is important for me to know about you?

Client Name (please print)

Client Signature (if necessary) Date

Parent/Guardian Name (please print)

Parent/Guardian Signature Date

Jael A. Esquibel, MA, LPC, NCC
Therapist Name

Therapist Signature Date