



Client Intake

Name: _____ **Date:** _____

Age: _____ **Birth date:** _____ **Gender: Male**____ **Female:**_____

Home Address: _____ **Work Name and Address:** _____

Prefer to be called at: Work Home Cell Other _____

Day Phone: _____ (work/ home/ other)

Night Phone: _____ (work/home/other) (Latest time to call _____)

Cell or other: _____

Email: _____ Fax: _____

Tell me a little about yourself:

Why are you seeking consulting?

At this time, are you interested in consulting with (check all that apply):

Education Career Ministry/Service Life Purpose

What is your current profession? _____

How many hours per week do you normally work? _____

What is your current level of education? _____

(Less than high school, high school, some college, trade school, Bachelor's degree, Master's degree, Doctorate degree, etc.)

Did you study something specific (a major)? If so, what? _____

How do you prefer to access and use documents? Paper version Online version
(downloadable PDF)

Would you prefer working with material that is written for?

- Christian audience Non-Christian audience

How did you hear of Your Dreams & Goals?

Direct Contact (with Kathleen High) – Source: _____

Referral: Name of referring person/institution: _____

Website Listing: Name of referring institution: _____

Other: _____

Please Tell Me About Your Personal Life:

(This information will help me to understand you better and to help you identify those things in your life, which will affect your journey towards achieving your goals.)

Marital Status:

- Single Married Divorced/Separated Widowed

Involved/otherwise committed Other _____

Do you have children? Yes No

If yes, please list names and ages and if they are dependent on you:

		<i>Age</i>	<i>Name</i>	<i>Dependent Status</i>
<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____	_____	_____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____	_____	_____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____	_____	_____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____	_____	_____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____	_____	_____

Other Responsibilities:

Please list other activities, which regularly occupy your time:

Other Questions or Comments you have for me:

For Office Use:

Begin: Y / N / L _____ Tools: MBTI SII SF

Others: _____

Kathleen E. High, M.Ed., CCSP, FCD-I, Education and Career Consultant

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