



**PINK SKY CAREER COUNSELING - CONFIDENTIAL CLIENT INTAKE FORM**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Needs / Services of Interest (circle all that apply)**

Career Exploration / Transition..... YES / NO

Career Planning / Development..... YES / NO

Job Search Assistance..... YES / NO

Résumé / Cover Letter..... YES / NO

Interviewing Coaching..... YES / NO

Online Profile Update..... YES / NO

Education / Internship Identification..... YES / NO

Work / Life Integration..... YES / NO

Workplace Stress or Conflict..... YES / NO

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**Personal Information**

Currently in Counseling? ..... YES / NO

Previously in Counseling?..... YES / NO

Past or Present Substance Abuse Issues? ..... YES / NO

**How did you hear about Pink Sky Career Counseling?** \_\_\_\_\_

Payment is due at time of service unless other arrangements have been made. You can pay with cash, check or credit card (American Express, MasterCard or Visa). Returned checks are subject to applicable banking fees and charges.