



## CLIENT INFORMATION FORM QUESTIONS

Name: \_\_\_\_\_

What do you do in your current occupation?

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What do you like about your work?

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What do you like least about your work?

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In what ways does your present work fall short? What is missing?

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Why are you considering changing careers at this time?

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How is your financial situation? Are you prospering, just making ends meet, falling behind or going under? How much of your desire for change is related to your financial condition?

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What are your strongest talents?

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What and how much do you read for pleasure? Please be specific. List subjects read, types of names of publications, etc.

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What would people who know you well say are your most positive or special qualities, attributes and personal characteristics?

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What do you not do well? What are the areas where you have no talent?

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What would people you know say are the attributes or qualities that can or do cause you the most trouble or mischief in your life?

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Are there other issues that might contribute to your situation or the way you perceive it?

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What personal or health problems do you have that affect or could affect your career?

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What are the key elements and criteria for a career/occupation that would be ideal?

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What circumstances affect your choice of occupations?

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If there were no limits placed on you by your education, skills, finances, etc., what would you be, do or have?

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If you discovered that you had only five years to live, how would you spend those years?

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What are your fondest interests and the most important passions in your life?

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What do you love to do that you did not mention in answering the previous question?

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This may include work activities and leisure activities as well as activities that you loved doing in the past but are not presently a part of your life.

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What possible future occupations are you considering? Include both the practical ones as well as your fantasy careers. Please designate which are realistic and which are fantasy.

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