

CLIENT REGISTRATION FORM

Please fill in or circle the appropriate category

NAME: _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

MARITAL STATUS

- 1. Single
- 2. Married
- 3. Separated
- 4. Divorced
- 5. Widowed
- 6. Other _____

ETHNIC BACKGROUND

- 1. White/Caucasian
- 2. Black/Afro-American
- 3. Am. Indian/Native American
- 4. Chicano/Spanish American
- 5. Pacific Island/Asian American
- 6. Other _____

SEX: M F

AGE: _____

BIRTH DATE:

____/____/____.

HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8
Grade School

9 10 11 12
High School

13 14 15 16
College

17 18 19 20
Grad/Professional
School

1 2 3 4
Voc/Trade
School

1 2 3 4
Business
School

HIGHEST DEGREE EARNED

- 1. High School
- 2. AA, Business or Technical Certificate

- 3. Bachelor's Degree
- 4. Master's Degree

- 5. Doctoral Degree

EMPLOYMENT STATUS

- 1. Employed
- 2. Unemployed, seeking work
- 3. Unemployed, not seeking work
- 4. Not in labor force:
 homemaker student disabled

HRS EMPLOYED/WEEK:

CURRENT OCCUPATIONAL TITLE:

REFERRED BY:

- 1. Self
- 2. Friend/Relative
- 3. Employer
- 4. Former VAC Client
- 5. TV Announcement
- 6. Newspaper Ad/Article
- 7. University of MN Campus Office
- 8. Educational Institution other than U of M
- 9. Community Social Agency
- 10. Private Counselor

What jobs/careers, if any, are you presently considering?

Briefly describe your goal(s) in coming to the Clinic?

COMPLETED BY COUNSELOR:

Informed Consent: N Y (date) _____

DOT Code for Current Occupation: ____-____-____.

Counselor: _____