



Kairos Consulting and Counseling, LLC John Simmering, Ph.D.

**ADULT HISTORY QUESTIONNAIRE  
(CONFIDENTIAL)**

The information that you provide on this confidential questionnaire will be used to provide Dr. Simmering with information to assist him in forming a complete and accurate understanding of you and your situation. Please complete this form to the best of your knowledge. If you are unable to answer a question, you may leave it blank and discuss the information when you meet with Dr. Simmering. Please complete all pages, using additional pages if needed to answer the questions.

Thank you for your assistance.

**IDENTIFICATION:**

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Sexual Orientation \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Telephone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Preferred Email: \_\_\_\_\_

How did you hear about Dr. Simmering?

\_\_\_\_\_

How may Dr. Simmering contact you and leave an identifying message

(check all that apply)?

\_\_\_ home phone \_\_\_ cell phone \_\_\_ work phone \_\_\_ mail \_\_\_ email

In case of an emergency, who may Dr. Simmering contact?

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

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

**CURRENT SITUATION:**

1.) Please state in your own words the nature of your present concern.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) What event/crisis brought about this request for Dr. Simmering's assistance?

\_\_\_\_\_  
\_\_\_\_\_

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3. Briefly describe your goals and expectations for Counseling and what you hope to accomplish by working with Dr. Simmering:

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4. Have these concern(s) affected (check all that apply):

Family and personal relationships

Job performance

Social relationships

Health

Other:

(explain) \_\_\_\_\_

5. How long have these problems existed?

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6. With whom do you usually discuss your problems or worries?

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**BACKGROUND:**

1. Number of years of education completed: \_\_\_\_\_  
Degree: \_\_\_\_\_

2. Briefly describe how you felt about school?

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3. Your current employment: Circle if N/A.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

4. Partner's Current Employment:

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

5. Currently, I am:

\_\_\_ Single \_\_\_ Divorced \_\_\_ Married \_\_\_ Widow/Widower \_\_\_ Other

6. My most recent/current spouse or partner (significant other) is/was:

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

7. We have/had been together for \_\_\_\_\_ years \_\_\_\_\_ months

Are you married? YES / NO

If yes, for how long? \_\_\_\_\_