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Intake Form

Please fill out this background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Professional Disclosure Statement. Please either email your answers to celedra@mac.com prior to the first session or print and bring in with you.

DATE : _____

NAME: _____

GENDER: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

PERSON TO CALL IN EMERGENCY: _____

PAST PSYCHOTHERAPY: _____

HIGHEST GRADE/DEGREE: _____

OCCUPATION: _____

CURRENT LIVING SITUATION (where, with who, how long):

PAST & PRESENT MARRIAGE/S/SIGNIFICANT

OTHERS: _____

CHILDREN/STEP/GRAND (names/ages):

PARENTS/STEP-PARENTS (name/age or year of death/cause of death):

Father: _____

Mother: _____

Step-parents: _____

SIBLINGS (name/age): _____

SIGNIFICANT FAMILY HISTORY (Please list any events in your family history that might effect you, including divorce, alcoholism, medical illness, mental illness, legal/criminal, violence, suicide, immigration, natural

disasters, war, etc.):

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

PAST/PRESENT MEDICAL CARE (major medical problems):

MEDICAL DOCTOR/S (name /phone):

MEDICATIONS (you are presently taking and for what): _____

WHO WERE YOU REFERRED BY?:

Below, please tell me what brought you to therapy as well as any other information you would like me to know about you and your situation.
