



# **BINCZAK PSYCHOTHERAPY SERVICES**

JADWIGA BINCZAK MA, CCAC, CSAT, EMDR

## **PROTECTED INFORMATION WHEN COMPLETED**

### **STRUCTURED INTERVIEW**

Interview date: \_\_\_\_\_ email: \_\_\_\_\_

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

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

Phone Numbers: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Other: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Children: \_\_\_\_\_?

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

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

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

Current Presenting Issue:



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Presenting Concerns Continued... **Q:** How is the client currently managing these concerns?

- Use of Alcohol
- Other Drugs
- Excessive Sexual Behaviours
- Pornography
- Shopping
- Gambling/Gaming
- Coffee
- Codependency
- Hoarding
- Other Impulsive Behaviours.

Details:

What type \_\_\_\_\_

How frequently \_\_\_\_\_

Dosage \_\_\_\_\_

How many years \_\_\_\_\_

Additional details (family history of addictions)

Prior treatment... describe what Tx.



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### **Medical / Psychiatric Information**

Medical Conditions:

Current Treatment:

Treating Practitioner:

Other Practitioners seen? i.e., Massage Therapist, Chiropractor, Dentist, Naturopath, Other

Health Problems?

i.e., major illness, head injuries, hospitalizations, seizures, FAS/FAE

Do you exercise regularly?

Sleep patterns?

Eating habits?

Vitamin supplements?



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Current needs?

Motivation to address?

Have you encountered mental illness

i.e., psychosis, mood disorders/personality disorders/prior diagnosis, any prior treatment?

In cases of current presenting mental health concern, elaborate and clarify:

Have you experienced behavioural disorders? (i.e., hyperactivity, ADHD, early treatment for behavioural issues)



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## **History of Suicide / Self-Injury**

Suicide Attempts: \_\_\_\_\_

When? \_\_\_\_\_

How? \_\_\_\_\_

Seriousness of Intent (1-5) \_\_\_\_\_

When? \_\_\_\_\_

How? \_\_\_\_\_

Seriousness of Intent (1-5) \_\_\_\_\_

When? \_\_\_\_\_

How? \_\_\_\_\_

Seriousness of Intent (1-5) \_\_\_\_\_



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## **History of Troublesome Behaviour (violence, poor finances, poor relationships)**

Age: \_\_\_\_\_

Issue: \_\_\_\_\_

Intervention: \_\_\_\_\_

Outcome: \_\_\_\_\_

Age: \_\_\_\_\_

Issue: \_\_\_\_\_

Intervention: \_\_\_\_\_

Outcome: \_\_\_\_\_

Age: \_\_\_\_\_

Issue: \_\_\_\_\_

Intervention: \_\_\_\_\_

Outcome: \_\_\_\_\_



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**Future Plans:**

Current Plans?

Motivation to follow through?

Do you foresee any obstacles to meeting your goals?



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## Family of Origin:

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Addiction: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Addiction: \_\_\_\_\_

## Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Addictions: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Addictions: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Addictions: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Addictions: \_\_\_\_\_

Adopted?  Yes  No

Loss of parent due to death?

Yes

No

If yes, age of parent? \_\_\_\_\_

Age of client at the time? \_\_\_\_\_

Separation / Divorce of parents?

Yes

No

When \_\_\_\_\_

Remarriages \_\_\_\_\_

Raised By: Mother  Father  Both

Childhood custody arrangements

\_\_\_\_\_

Foster homes / CAS involvement?

\_\_\_\_\_





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Childhood Illness? Accidents? Trauma?

Childhood relations with siblings/relatives?

Family violence?

Discipline/rules?

Psychiatric history in family? (including suicide attempts)

Family involvement with the law?

Age left home? Voluntarily?

Current level of contact/relationship with parents?

Current level of contact/relationship with siblings?

Current level of contact with other family members?



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### **Friendships / Associates**

Who are your friends?

Ever have a best friend? Currently?

Habits of friends? (socializing, parenting, drinking, etc?)

Who do you hang out with now? (quality of relationship and level of contact?)

Why would they consider you their friend?

How would they describe you?

If no friends noted, why?



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### **Intimate Relationships**

Number of Significant relationships?

Marriages / Common Law?

Duration of relationships?

Overlap? (ever have more than one relationship at the same time)

Quality? (also evidence of conflict, domestic violence, jealousy, indifference...):

How did the relationships end?

Affairs?

Number of different sexual partners?

Any victim notification order or duty to warn issues?

Any prior treatment for relationship issues, parenting, domestic violence?

If no relationships, why?



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## Parenting:

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

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

How did having children affect your life?

What is your parenting style?

What is the other parent's parenting style?

How do you enforce / discipline / teach life lessons?

How are they doing in school?

How are they doing socially?

Any health issues for children?



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### **Academic Information**

Grade completed:

Upgrades?

Age left school:

Reason:

How was school? (how would teachers / peers describe you?)

Grades:

Testing done?

Academic Problems:

Ever suspended/expelled/ If so, why?

Current educational goals? How are you making progress towards this goal?



## **BINCZAK PSYCHOTHERAPY SERVICES**

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### **Employment history:**

Current Employment:

Current Satisfaction:

Patterns: (type of work, success at work, obstacles re; work)

- Fired
- Quit
- Promotion

Substances on the job or affected employment?

Conflicts with peers or authorities?

Periods of unemployment?



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Sources of income when unemployed?

- UI
- Social Assistances
- Crime
- Family
- Friends

Other: \_\_\_\_\_

Current employment goals:

How realistic are these goals?

What effort have you put towards these goals?



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### **Financial Management**

Ever live on a budget?

Problems with credit?

Income sources?





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### **Leisure Activities:**

Solitary, Social, Organized Activities?

**Anything you would like to add?**