

Stephen R. Lankton, MSW, DAHB, LLC

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IDENTIFICATION INFORMATION

Date _____ Phone Number _____

Full Name _____ Highest Degree _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____ Date of Birth ____/____/____

Marital Status _____ & Date _____ Referred by _____

REASON(S) FOR SEEKING AN APPOINTMENT

Brief statement about the problem for which you are seeking help:

Why do you think the problem exists?

Have you sought help before with this problem? When, with whom, where, how, results (briefly)?

Are you currently working with another therapist? Y (Name _____) N

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- Editor-in-Chief – *American Journal of Clinical Hypnosis*; • Faculty Associate – ASU, Graduate School of Social Work
 - Fellow & Approved Consultant – American Society of Clinical Hypnosis; • Diplomate & President Emeritus - American Hypnosis Board for Clinical Social Work
 - Lifetime Achievement Award – Milton H. Erickson Foundation; • Lifetime Achievement Award - American Society of Clinical Hypnosis;
 - Emeritus Clinical Member – International Transactional Analysis Association; • Arizona - Licensed Clinical Social Worker – LCSW-10443

BRIEF MEDICAL AND MEDICATION BACKGROUND

Primary Care Physician: _____

Current medical conditions:

Prescribed Medications/dosages:

Do you use:

Alcohol	Y	N	Amount:
Recreational drugs	Y	N	Amount:
Tobacco	Y	N	Amount:
Caffeine	Y	N	Amount:

Do you exercise? Y N Amount:

Do you participate in spiritual practices? Describe.

Do you have a history of physical or sexual abuse as a child or adult? Y N; Describe briefly:

PATIENT CONTACT AUTHORIZATION FORM

I. Occasionally, it is necessary for our office to call to discuss insurance information, coordinate/discuss referral to another physician, or schedule/cancel appointments. Law requires your written permission to call.

Name _____ Relationship _____

II. Telephone number where it is permissible for this office to call you.

Number _____

Number _____

Permission to contact you by Email YES _____ No _____

Permission to leave a message: YES _____ NO _____. If no please explain _____

III. Can confidential messages (i.e., messages to call the office regarding appointments) be left on your home answering machine or voicemail?

YES _____ NO _____

IV. Can we call you at your place of employment if you cannot be reached at home?

YES _____ NO _____

V. Would custodial parent need to be notified if non-custodial parent requests copy of medical records.

YES _____ NO _____ NA _____

VI. Acknowledgement of receipt of Notice of Privacy Practices:

YES _____ NO _____

PATIENT NAME (Print) _____

(SIGNATURE) _____ Date _____

Please Circle one: Self or Guardian

SELF DESCRIPTION CHECK-LIST

Name _____ Date _____

Instructions: Place a Check Mark (✓) in front of *each phrase that at times describes you.*

- | | | |
|--|---|---|
| 1A ____ 1. Able to give orders | 2A ____ 47. Forceful | 2F ____ 91. Resents being bossed |
| 1K ____ 2. Appreciative | 1M ____ 48. Friendly | 2B ____ 92. Self-reliant & assertive |
| 2H ____ 3. Apologetic | 3N ____ 49. Forgives anything | 3D ____ 93. Sarcastic |
| 1C ____ 4. Able to take care of self | 3E ____ 50. Frequently angry | 3H ____ 94. Self-punishing |
| 2K ____ 5. Accepts advice readily | 3M ____ 51. Friendly all the time | 2B ____ 95. Self-confident |
| 1G ____ 6. Able to doubt others | 3O ____ 52. Generous to a fault | 3D ____ 96. Self-seeking |
| 2M ____ 7. Affectionate & under standing | 2O ____ 53. Gives freely of self | 3C ____ 97. Shrewd & calculating |
| 3P ____ 8. Acts important | 2A ____ 54. Good leader | 1B ____ 98. Self-respecting |
| 1H ____ 9. Able to criticize self | 1J ____ 55. Grateful | 3H ____ 99. Shy |
| 2J ____ 10. Admires & imitates others | 2D ____ 56. Hard boiled when necessary | 3C ____ 100. Selfish |
| 4L ____ 11. Agrees with everyone | 1O ____ 57. Helpful | 2F ____ 101. Skeptical |
| 4H ____ 12. Always ashamed of self | 4E ____ 58. Hard-hearted | 2M ____ 102. Sociable & neighborly |
| 2K ____ 13. Very anxious to be approved of | 2G ____ 59. Hard to impress | 3G ____ 103. Slow to forgive a wrong |
| 3P ____ 14. Always giving advice | 3D ____ 60. Impatient with other's mistakes | 3B ____ 104. Somewhat snobbish |
| 3F ____ 15. Bitter | 2B ____ 61. Independent | 4I ____ 105. Spineless |
| 2O ____ 16. Big hearted & unselfish | 2E ____ 62. Irritable | 2D ____ 106. Stern but fair |
| 3B ____ 17. Boastful | 3G ____ 63. Jealous | 4O ____ 107. Spoils people with kindness |
| 2C ____ 18. Businesslike | 2N ____ 64. Kind & reassuring | 2E ____ 108. Straightforward & direct |
| 3A ____ 19. Bossy | 2A ____ 65. Likes responsibility | 3G ____ 109. Stubborn |
| 1E ____ 20. Can be frank & honest | 2H ____ 66. Lacks self-confidence | 3L ____ 110. Too easily influenced by friends |
| 4J ____ 21. Clinging vine | 2C ____ 67. Likes to compete with others | 3C ____ 111. Thinks only of self |
| 1D ____ 22. Can be strict if necessary | 3K ____ 68. Lets others make decisions | 2N ____ 112. Tender & soft hearted |
| 1N ____ 23. Considerate | 3M ____ 69. Likes everybody | 3H ____ 113. Timid |
| 4C ____ 24. Cold and unfeeling | 3K ____ 70. Likes to be taken care of | 3N ____ 114. Too lenient with others |
| 1F ____ 25. Can complain if necessary | 4M ____ 71. Loves everybody | 2G ____ 115. Touchy & easily hurt |
| 1L ____ 26. Cooperative | 2P ____ 72. Makes a good impression | 3O ____ 116. Too willing to give to others |
| 3F ____ 27. Complaining | 3A ____ 73. Manages others | 3P ____ 117. Tries to be too successful |
| 2C ____ 28. Can be indifferent to others | 3I ____ 74. Meek | 2K ____ 118. Trusting & eager to please |
| 2E ____ 29. Critical of others | 2I ____ 75. Modest | 4N ____ 119. Tries to comfort everyone |
| 1I ____ 30. Can be obedient | 3J ____ 76. Hardly ever talks back | 2I ____ 120. Usually gives in |
| 4D ____ 31. Cruel and unkind | 2P ____ 77. Often admired | 2J ____ 121. Very respectful to authority |
| 3J ____ 32. Dependent | 3I ____ 78. Obeys too willingly | 3L ____ 122. Wants everyone's love |
| 4A ____ 33. Dictatorial | 2F ____ 79. Often gloomy | 1P ____ 123. Well thought of |
| 4G ____ 34. Distrusts everybody | 3E ____ 80. Outspoken | 3J ____ 124. Wants to be led |
| 3A ____ 35. Dominating | 3O ____ 81. Overprotective of others | 3L ____ 125. Will confide in anyone |
| 2H ____ 36. Easily embarrassed | 3E ____ 82. Often unfriendly | 2M ____ 126. Warm |
| 2L ____ 37. Eager to get along with others | 3N ____ 83. Over-sympathetic | 2L ____ 127. Wants everyone to like him/her |
| 3K ____ 38. Easily fooled | 2J ____ 84. Often helped by others | 4K ____ 128. Will believe anyone |
| 4B ____ 39. Egotistical & conceited | 3I ____ 85. Passive & unaggressive | |
| 2I ____ 40. Easily led | 3B ____ 86. Proud & self-satisfied | |
| 2N ____ 41. Encouraging to others | 2L ____ 87. Always pleasant and agreeable | |
| 2O ____ 42. Enjoys taking care of others | 3F ____ 88. Resentful | |
| 4P ____ 43. Expects everyone to admire him/her | 2P ____ 89. Respected by others | |
| 2G ____ 44. Frequently disappointed | 4F ____ 90. Rebels against everything | |
| 2D ____ 45. Firm but just | | |
| 3M ____ 46. Fond of everyone | | |

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SYMPTOM ASSESSMENT FORM

Name: _____

Date: _____

	None	Mild	Moderate	Severe
Depressed Mood				
Hopelessness				
Suicidal Thinking				
Disturbed Sleep (increase / decrease)				
Appetite Changes (increase / decrease)				
Slowed Activity				
Significant Weight Loss				
Poor Concentration				
Poorly Groomed				
Agitation / Restlessness				
Elated Mood				
Mood Swings				
Losing Emotional Control				
Obsessive Thoughts				
Tense/Anxious				
Fearful (Phobic)				
Physical Problems				
Easily Distracted from Thought				
Inappropriate Speech or Sounds				
Hallucinations (sight or sound)				
Sexual Problems				
Difficulty Making Decisions				
Long-term Memory Problems				
Short-term Memory Problems				
Angry Feelings Toward Self or Others				
Violence Toward Self or Others				
Illegal Behavior				
Conflict with Authority				
Disruptive Conduct				
Social Isolation				
Eating Disorder				
Paranoia				
Delusions				
Unusual Thoughts or Experiences				
Physical Pain				

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INFORMED CONSENT FOR TREATMENT STATEMENT

I have read the last three pages of this packet indicating the general procedures to be used in treatment, including benefits, limitations, and potential risks. I understand that I have the right to participate in treatment decisions and in the development and periodic review and revision of the treatment plan. I understand that I have the right to refuse and recommended treatment or to withdraw informed consent to treatment and be advised of the consequences of any such refusal or withdrawal. And, I have the right to be informed of all fees I am required to pay, Lankton's collection policies, and all other financial procedures. I have the right to know of any supervision (including names and contact information) that is used by Lankton pertaining to my case, and that, with a written request to the above address I can obtain my client records. All information regarding you and your visits is strickly confidential, except those explained in the HIPAA law, unless release by you in writing to specific people, for specific purspes and dates.

I, _(name)_____ and I, _(name)_____ have read and understand
the stated office & HIPAA policies **and agree to its terms and also give my informed consent for treatment.**

_____/_____
Signature (of patient/client) Date

_____/_____
Signature (of patient/client) Date