

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;
 - Clinical Member – International Transactional Analysis Association; • Arizona - Licensed Clinical Social Worker – LCSW-10443

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				

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 strictly confidential, except those explained in the HIPAA law, unless release by you in writing to specific people, for specific purposes 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