

## **On –Line Application for the Growth & Transition/ Grief and Loss Workshop**

Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Tel. \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Dates of workshop you wish to attend:

Occupation: \_\_\_\_\_ Professional Licenses: (for CEU)

Current Medications:

Have you ever been hospitalized for psychiatric treatment? Y N

If yes, please explain:

How did you find out about this workshop?

Do you have any food allergies/ special needs? (We are limited in our ability to accommodate special needs, but would like to discuss these with you.)

Do you have a therapist? Y N

If yes, is he/she supportive of your attending? Y N

Please write the name, address, and telephone number of your therapist:

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Reason for attending:

What losses/issues, current and past, bring you to this workshop?

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A follow-up letter will indicate your acceptance to this workshop, as well as suggestions of what to bring, how to dress, where to stay before the workshop begins. All participants will have a room mate.

**WAIVER: I understand my participation in this program, externalization and other related activities, is voluntary. It may involve my emotions in a manner which might subject me to emotional distress. I agree to accept such risks and assume the responsibility of emotional distress and/ or other effects thereof. Further, I release Larry Lincoln, MD, Anne Taylor Lincoln, LPC, and other staff, and Tucson Medical Center from all claims made by me or on behalf of me (or my estate) by reasons of illness or damages arising from attendance or participation in the workshops and /or related activities. This release includes the waiver of any responsibility by the above named individuals and/or groups also in the case of negligence.**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**

There will be a minimum of 10 and maximum of 24 participants per workshop.

To hold your space, print out all 3 pages and mail your completed application to: **TMC Growth and Transition Workshop**  
**c/o Anne Taylor Lincoln**  
**5360 N. Via Velazquez**  
**Tucson, AZ 85750-5992**

For questions, please contact Anne at 520-591-9177 Workshops often fill early. \_\_\_\_\_  
Additionally, hotels may fill early in the winter months.  
You will receive confirmation of your registration and other information by return mail.

Lawrence J. Lincoln, MD  
Anne Taylor Lincoln, LPC  
5360 N. Via Velazquez  
Tucson, AZ 85750-5992

## Consent for Release of Confidential Information Form The Growth and Transition Workshop:

The following applicant to the “Growth and Transition” Workshop has indicated that he/she is working with a therapist, and would like to have either Anne Taylor Lincoln, LPC or Larry Lincoln, MD contact you regarding their participation in this process before the workshop begins. This signed release will also serve as permission for either Anne or Larry, as workshop facilitators, to call the applicant’s therapist after the workshop, should that be deemed helpful for the participant’s future therapy :

I, \_\_\_\_\_, request and authorize Larry  
(your name , printed)  
Lincoln, MD or Anne Taylor Lincoln, LPC to speak to my therapist,  
\_\_\_\_\_ at \_\_\_\_\_  
(your therapist’s name, printed) (telephone # of your therapist)  
about my participation in the “Growth and Transition” Workshop on  
\_\_\_\_\_.

(date of the workshop)

My therapists’ office address:

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\_\_\_\_\_  
(my signature)

\_\_\_\_\_  
(today’s date)

## Disclaimer:

This process, meaning both the group format used in the “Growth and Transition” workshops, and the individual externalization process, is not for everyone. Over the years, we have personally observed that this workshop, and the externalization of feelings technique, has been a helpful tool for many people. We’ve received many letters, and heard from many therapists, about the life changing experiences of participants. We continue to use this technique, from time to time, with our own grief work, as well. However, intense emotional processing can leave some individuals feeling “raw” and unstable. We do not recommend this process for individuals who have been diagnosed as personality disordered, “Borderline” or “Bi-Polar”, unless their therapists are knowledgeable about potential “highs” and “lows” that might result. All participants must be 21 years of age, or older.