Mental Health Information Form For Service Dog Application

Canines for Service partners service dogs for Veterans with PTSD, MST, TBI, and/or Mobility Limitations. The applicant listed below is applying to receive a service dog from our program. Please complete the information below to the best of your professional judgement. This form **IS NOT** an endorsement for the applicant to be approved but gives Canines For Service an opportunity to evaluate the applicant's mental health history to ensure a service dog from our program is capable of assisting them effectively.

The completed mental health form should be mailed or emailed to:

Ellie Gardner
221-1 Old Dairy, Wilmington, NC 28405 or
egardner@caninesforservice.org

Authorization For Release Of Information

(To be completed by the applicant)

Date:

Dr.

I authorize my provider to discuss the protected health information provided below with Canines for Service. This authorization expires upon my withdrawal from the Canines for Service program or, if approved, upon the retirement of my last service dog received from the program.

Applicant's Name (please print):

Applicant's Signature:

Provider Information

(The remainder of the form to be completed by the mental health provider)

Provider Practice Name:

Provider Name:

License Type: **License #:**

Address:

City: **State:** **Zip:**

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Telephone:

Email:

Patient Information

Full Name:

Date of Birth:

Date of Last Visit:

How long has the patient been under your care? **Yrs** **Mos**

Frequency of Visits:

Patient Mental Health History

Please indicate any experienced by the patient (Check all that apply):

Trauma and Stressor-Related Disorders

- ☐ *Post-Traumatic Stress Disorder (PTSD-Military)*
- ☐ *Post-Traumatic Stress Disorder (PTSD-Non-Military)*
- ☐ *Military Sexual Trauma (MST)*
- ☐ *Non-Military Sexual Trauma*
- ☐ *Acute Stress Disorder*
- ☐ *Adjustment Disorder*

Anxiety Disorders

- ☐ *Generalized Anxiety Disorder (GAD)*
- ☐ *Panic Disorder*
- ☐ *Agoraphobia*
- ☐ *Specific Phobia (e.g. heights, driving – specify):*
- ☐ *Social Anxiety / Social Phobia*
- ☐ *Obsessive-Compulsive Disorder (OCD)*

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Mood Disorders

- [ ] *Major Depressive Disorder*
- [ ] *Persistent Depressive Disorder (Dysthymia)*
- [ ] *Bipolar I Disorder*
- [ ] *Bipolar II Disorder*
- [ ] *Cyclothymic Disorder*

Dissociative Disorders

- [ ] *Dissociative Identity Disorder (DID)*
- [ ] *Dissociative Amnesia*
- [ ] *Depersonalization/Derealization Disorder*

Personality Disorders

- [ ] *Borderline Personality Disorder*
- [ ] *Avoidant Personality Disorder*
- [ ] *Antisocial Personality Disorder*
- [ ] *Paranoid Personality Disorder*
- [ ] *Schizoid Personality Disorder*
- [ ] *Other (please specify):*

Psychotic and Thought Disorders

- [ ] *Schizophrenia*
- [ ] *Schizoaffective Disorder*
- [ ] *Brief Psychotic Disorder*
- [ ] *Delusional Disorder*
- [ ] *Psychosis (unspecified)*

Neurodevelopmental Disorders

- [ ] *Attention-Deficit/Hyperactivity Disorder (ADHD)*
- [ ] *Austism Spectrum Disorder*

What disorder(s) is/are the primary focus of treatment?

What is the current treatment plan for the patient (include medication, counseling, etc.)?

Does the patient have current tendencies or a history of suicidal ideation or attempts?

◯ **Yes** ◯ **No**

If yes, please explain and include date of last ideation or attempt:

Does the patient have history of or currently any of the following substance abuse disorders?

- ☐ *Alcohol Use Disorder*
- ☐ *Cannabis Use Disorder*
- ☐ *Opioid Use Disorder*
- ☐ *Stimulant Use Disorder*
- ☐ *Other (specify):*

If yes, please explain what substance, severity, date of sobriety if applicable and treatment plan details:

Please list any known triggers and coping strategies for them specific to the patient:

Patient's Mental/Emotional Ability to Succeed

(Please complete to the best of your knowledge.)

In your opinion, will the patient be able to undergo the necessary training requirements and will benefit from having a service dog? ◯ **Yes** ◯ **No**

In your opinion, does the patient have the stability and support system necessary to properly care for a service dog for the lifetime of the dog? ◯ **Yes** ◯ **No**

Please list any behaviors you have observed, or have been reported to you, that might indicate that the patient may potentially threaten the health or well-being of a dog placed in his/her care.

Please provide any supplemental documentation that supports the patient's diagnosis is service connected.

Provider Signature: **Date:**