

# Mental Health Report

Handi-Dogs, Inc.  
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I, \_\_\_\_\_, give my permission for the below named physician to  
(Patient's Name) release the information requested in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under age 18, Parent/Guardian must sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Is the person listed above currently a client of yours? ...  Yes.....  No

Does client have a diagnosed mental illness? ...  Yes.....  No

If yes, What is the diagnosis? \_\_\_\_\_

**Activities of Daily Living (ADL):**

Is client able to exercise judgement and make decisions necessary for ADL? .....  Yes.....  No

Is client capable of perception and memory to the degree necessary to sustain ADL? .....  Yes.....  No

Is client able to follow directions and learn to the degree necessary to sustain ADL? .....  Yes.....  No

Is client capable of decisions about personal and other's (people & pets) needs and safety? ....  Yes.....  No

**Here is a brief overview of our program:**

- It takes an average of 12-18 months to complete the program.
- Client must attend a minimum of four (4) lessons every month (6 is recommended).
- There will be a minimum of two (2) lessons in client's home (home lessons must be completed prior to advancing to certain levels);
- Client must practice what he/she learns in regular daily training sessions with the dog.
- Client must make an on-going commitment to maintain the dog's training after completion of the program.
- Client must ensure that the dog is healthy and well-groomed.

In your opinion, is client capable of managing these program requirements? ...  Yes.....  No

If No, please explain \_\_\_\_\_

In your opinion, is client capable of properly caring for a dog? This includes remembering and providing for it's physical needs (feeding, watering, toileting, and exercising several times a day); having transportation to classes & veterinary visits; and the apparent financial means for providing food, equipment, annual veterinary care (including emergency care), and training classes?...  Yes.....  No

If No, please explain \_\_\_\_\_

Does client have a treatment plan? ...  Yes..... No

If yes, please describe \_\_\_\_\_

Is client taking any medication for the diagnosed issues? ...  Yes..... No

Is client compliant with medications? ...  Yes..... No

How long have you worked with client? \_\_\_\_\_

How often do you see client (i.e. weekly, monthly, prn)? \_\_\_\_\_

Is client on time for appointments? ...  Yes..... No

In your opinion, is client emotionally and mentally stable? ...  Yes..... No

If No, please explain \_\_\_\_\_

Has client been hospitalized for mental health reasons? ...  Yes..... No

If Yes, please describe \_\_\_\_\_

Does client have anger management issues; or a history of violence or threatening violence towards themselves, others, or animals?

Yes... No. If Yes, please explain & describe treatment plan: \_\_\_\_\_

Do you know what kind of support system client has? ...  Yes..... No

If Yes, please describe \_\_\_\_\_

Any further comments on why you consider/do not consider that a service dog would be an appropriate part of the treatment plan for this client?

**Type of Mental Health Professional** \_\_\_\_\_

**Provider Name** \_\_\_\_\_

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

**Practice Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Applicant information is privileged and confidential. This information is available to those involved in the applicant's consultation, training, recordkeeping, and billing. However, such information may only be accessed on a need-to-know basis. Need-to-know is defined as the minimum use, disclosure or access necessary for one to adequately perform one's specific responsibilities. All other access is prohibited unless authorization is obtained from the applicant or unless otherwise permitted by state or federal law.

## Psychiatric Service Dog Tasks

Service dogs, by law, **must be trained to perform tasks** that assist a person with the functional limitations caused by a disability. A trained task is a task that a dog can perform reliably, on cue or command, in a variety of situations. Providing comfort or companionship do **not** qualify as tasks.

Service dogs can be one part of a professional medical treatment and therapy plan. They cannot be a substitute for proper medical care.

**PTSD:** Handi-Dogs does NOT train the following tasks:

- Any guarding behavior — Service dogs are not allowed by law to be threatening in any manner
- Behaviors that may reinforce negative thought patterns or cognitive distortions and impede recovery, such as “sweep the area,” “house check,” or “watch my back.” These behaviors also create the false belief that the dog is capable of identifying the potential threats that the handler fears.

**Depression:** Before recommending that a person with severe depression get a pet, please be sure that the depression will not cause the animal to suffer neglect. The in-home companionship of a pet dog can help people with mild depression, but the person must be capable of attending to all of the dog’s needs on a daily basis. Handi-Dogs does not train tasks for depression that would qualify the dog for public access. Providing motivation to get the person out of the home, or motivation to socialize more, are beneficial but do not qualify as tasks for public access rights.

Functional Limitation or Symptom	Tasks
Rising Anxiety ➤ Also use as a regular Calming Exercise as part of therapy plan	Applying Pressure: Head on lap; Full body pressure (lying on top of or next to handler); Two-Touch (contact between handler & dog with two different body parts); Gently leaning while walking when the handler stops Eye contact — Watch Me Offer paw for stroking or to squeeze
Rising Anxiety, obsessive thoughts	Interrupt/Re-direct — Nose nudge, paw on leg, lick hand
Compulsive Behavior	Interrupt — Nose nudge, paw on leg, lick hand
Rising Anxiety/Impending Panic Attack in Public Places — Need to leave the environment	Find the Exit Time to Potty Dog (a reason to leave the environment)
Nightmares	Wake up handler — nose nudge, pulling off covers, turn on lights
Startled by Alarm Clock	Dog wakes up handler instead — use soft music alarm that dog can hear instead of a loud alarm clock
Difficulty waking/sedation due to medications	Alert to alarm clock, fire alarm, other sounds as trained
Forget to take medications or losing track of time	Interrupt at trained time
Need help from family member	Find family member
Anxiety in empty home (living alone or no one else at home)	Turn on lights
Anxiety from others crowding personal space in public places, like store aisles and lines	Sit/Stand front facing handler; Stand front across handler; Sit/Stand behind handler; Walk in front of handler; Walk behind handler