

Mental Health Report

Handi-Dogs, Inc.
75 S. Montego Dr., Tucson AZ 85710
520-326-3412 Fax 520-319-8186
service@handi-dogs.org



I, _____, give my consent 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 its 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 & self-management plan: _____

Is client actively suicidal? Yes... No

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 FAQ

A **service dog** is trained to perform tasks that assist a person with the functional limitations of 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.
 - Task trained service dogs are recognized by the Americans with Disabilities Act as a reasonable accommodation for a person with a disability, and can accompany the person to places where dogs are not allowed.
 - In addition to task training, service dogs are evaluated for appropriate temperament and receive public access training.
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An **emotional support animal** (sometimes mistakenly referred to as a therapy animal) is a pet that provides comfort or companionship to a person with a disability.

- The designation of “emotional support animal” is only recognized by the Fair Housing Act (for no-pets housing) and the Air Carrier Access Act (air travel in the United States only).
 - Emotional support animals **do not** have public access rights.
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Psychiatric service dogs can be one part of a professional medical treatment and therapy plan. They cannot be a substitute for ongoing treatment.

Handi-Dogs does NOT train the following behaviors:

- Guarding or Protection — Service dogs are not allowed by law to be threatening in any manner.
- Searching for an enemy or threat, such as such as “sweep the area”, “house check”, or “watch my back.”
 - These behaviors can reinforce negative thought patterns or cognitive distortions and impede recovery.
 - They also create the false belief that the dog is capable of identifying the potential threats that the handler fears.

In accordance with Assistance Dogs International standards for military-related PTSD service dogs, the dog must be one that facilitates friendly public interaction with the veteran.

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 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.

Psychiatric Service Dog Task Examples

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	Program watch or phone to beep at certain times – dog alerts handler to beep
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	Dog passively provides space. Sit/Stand front <i>facing handler</i> ; Stand front across handler; Sit/Stand behind handler, <i>facing handler</i> ; Walk in front of handler; Walk behind handler