Mental Health Report

Please send the following documents to your psychologist or psychiatrist.

Mental Health Report

Please submit this form to your primary mental health provider

Believet
P.O. Box 385
Northfield, MN 55057
Phone: 507-581-4226
Fax: 612-329-0049

Dear Provider,

Your patient has applied for a service dog from Believet Canine Service Partners. A service dog from Believet can dramatically improve your patient's quality of life. The information you provide will help us determine your patient's suitability for our program.

Please take a moment to read the summary of our program on the following page. We would appreciate your completion of this report with the demands of our program in mind. Any and all information you provide will be held in the strictest confidence. Please return this form by mail marked confidential to the above address or fax. Please contact us at 507-581-4226 if you have any questions. We ask that this form be completed within 3 weeks of being received.

Release of Information

This Consent for Release of Information authorizes you to release information regarding the client's medical and/or mental health condition to Believet Canine Service Partners. All information will be held confidential by Believet representatives. I give permission for representatives of Believet to contact you directly with questions or concerns relating to my participation in this program.

_____ _____

Client Name Date of Birth

_____ _____

Client Signature Date

Provider's Name (Printed):_____

Provider's Signature: _____Date: _____

Provider's Specialty: _____

Provider's Email:_____

Agency Name: _____

Agency Address: _____ City:_____ State: _____ Zip:_____

Phone: _____ Fax:_____

YOU MAY ALSO USE STAMP (Please include complete phone number):

Mental Health Report

Please submit this form to your primary mental health provider

Believet
P.O. Box 385
Northfield, MN 55057
Phone: 507-581-4226
Fax: 612-329-0049

Dear Provider,

For the health, safety, and efficacy of our program, service dogs, and staff, please be advised of the program disqualifying factors listed below. The health and wellbeing of our service dogs and staff are of the utmost importance. While you complete the documents received, keep these factors in mind. Please answer the questions on this form honestly. If you do not know the answer to a question, please indicate N/A. If it is found that the applicant or provider provides intentionally misleading information, the application will be void.

1) Must have a formal psychiatric or mobility impaired diagnosis from a medical provider.

2) Must be able to afford the financial responsibility of the dog's vet care, and basic care needs.

3) Must have a stable living environment/housing: can not live in a dangerous area, can not be on the verge of homelessness.

4) Must have the mental and physical capability to attend regular training and be able to comprehend and memorize training techniques, etc.

5) Must not express aggressive or threatening behaviors.

6) Must not have a chemical dependency: If they have had a chemical dependency in the past they must maintain sobriety for a minimum of one year before their application can be accepted; must continue support groups such as AA or other therapies.

7) Must not own an animal that is dangerous to the safety of the service dog.

10) Must have a good reputation with a previous veterinarian if they own other animals: Must not have a history of neglect or animal abuse.

11) Must agree to Believet's Code of Conduct Policy.

12) Must agree to a criminal background check.

13) Close family members or caretakers must be in support for the client to have a service dog.

Mental Health Report Please submit this form to your primary mental health provider	Believet P.O. Box 385 Northfield, MN 55057 Phone: 507-581-4226 Fax: 612-329-0049

Service Dog Program Summary

Our training program will require the client's attendance at the Believet training facility in Northfield. More training hours may be required based on the situation. During this time, the client will learn to become a proficient dog handler in a variety of environments and situations. Our goal is to prepare our clients for many of the challenges life presents.

Clients receive one-on-one training at the Believet facility. As their handling skills progress, clients will train in public and in more challenging situations. Completing the program takes approximately 6 months depending on the client's training schedule, handling ability, number and difficulty of custom service tasks, and the paired dog's training level.

The client will be expected to:

- Regularly attend scheduled trainings
- Follow training instructions from Believet staff
- Go on public outings with a Believet trainer
- Have the ability to comprehend, and execute the training lessons and apply them to their everyday lives
- Perform learned handling techniques in public and private spaces independently
- Provide basic care for the service dog (feedings, vet needs, exercise, etc.)
- Provide a safe, stable, living environment for the dog
- Schedule and attend annual public access tests

Mental Health Report

Please submit this form to your primary mental health provider

Believet
P.O. Box 385
Northfield, MN 55057
Phone: 507-581-4226
Fax: 612-329-0049

Believet service dogs are trained for a variety of custom service tasks consisting of but **not limited to** the following tasks:

- Manners & obedience
- Retrieving: dropped items, medications, clothing (& help remove), retrieve from refrigerator, find & retrieve phone etc.
- Take items to another person
- Hold and/or carry items in mouth: purse,bags, etc.
- Activate public handicap door buttons
- Push 911 or lifeline button
- “Shake” (greeting) creates positive interaction with public
- Provide confidence to navigate public spaces and interact with community
- Alert to: fire alarm, doorbell, phone ring, other alarms.
- Nightmare interruption/wake up
- Turn on light
- Hold open door
- Enhance balance: walking and/or stairs
- Anxiety interruption: provide deep pressure, “Visit” for comfort
- Brace for transfers, rising from floor or seated position
- Assist, pull and stop wheelchair
- Assist with laundry, shopping, etc.

Mental Health Report

Please submit this form to your primary mental health provider

Believet
P.O. Box 385
Northfield, MN 55057
Phone: 507-581-4226
Fax: 612-329-0049

Provider Information

How long have you treated this patient? _____

Have you seen this patient within the last year? ☐ Yes ☐ No

Have you seen this patient within the last 60 days? ☐ Yes ☐ No

Patient Mental Health History

Please indicate any disorders/health issues experienced by the patient:

☐ Traumatic Brain Injury	☐ PTSD (Military related)	☐ Sexual Trauma
☐ Autism	☐ PTSD (Non-military related)	☐ General Anxiety
☐ Severe Anxiety	☐ Bi-polar	☐ Alzheimers/Dementia
☐ Delirium	☐ Seizures	☐ Headaches/Migraines
☐ General Depression	☐ Major Depression	☐ Panic Disorders
☐ Conditions affecting Speech	☐ ADD/ADHD	☐ Conditions affecting Memory/Comprehension
☐ Disorders/conditions affecting mood/ personality	☐ Violent/Aggressive Behaviors	☐ Alcoholism/Substance Abuse

Health Conditions

Please specify the conditions checked above and any other conditions/health concerns this patient has been diagnosed with:

_____

_____

_____

Mental Health Report

Please submit this form to your primary mental health provider

Believet
P.O. Box 385
Northfield, MN 55057
Phone: 507-581-4226
Fax: 612-329-0049

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

_____

_____

_____

Is it estimated that this patient's conditions may worsen over the next 5-10 years making it difficult if not unlikely for the patient to adequately care for and utilize a service dog?

☐ Yes ☐ No

Short term prognosis:

_____

_____

_____

Long term prognosis:

_____

_____

_____

Substance Abuse

Does this patient have a history of Alcoholism/substance abuse? ☐ Yes ☐ No

If yes, what substance(s) does this patient use?_____

Have there been concerns in the past regarding misuse of prescribed controlled substances? If yes, explain:_____

_____

If yes, is the patient currently using/prone to relapse? ☐ Yes ☐ No

When is the last known use of this substance?_____

Mental Health Report Please submit this form to your primary mental health provider	Believet P.O. Box 385 Northfield, MN 55057 Phone: 507-581-4226 Fax: 612-329-0049

Therapy

Is this patient currently seeing a therapist? _____

If not, what is the reason this patient does not see a therapist?

_____

_____

Would you recommend this patient to see a therapist? _____

Hospitalizations & Suicide Ideation

Has this patient had any hospitalizations for mental health concerns? If so, for what concerns?_____

_____

_____

Does this patient have a history of suicide attempts or a family history of suicide?

_____

_____

Does this patient have a history of suicide ideation?_____

If yes, has this patient been able to commit to a safety plan?

_____

_____

Treatment Compliance

Does this patient have a history of missing multiple appointments with no reason given?_____

Has this patient been unable to tolerate medications for their diagnosis or related symptoms in the past?_____

Have these medications been found to be ineffective?

_____

Mental Health Report

Please submit this form to your primary mental health provider

Believet
P.O. Box 385
Northfield, MN 55057
Phone: 507-581-4226
Fax: 612-329-0049

Is the patient medication compliant? ☐ Yes ☐ No

May we contact you with questions? ☐ Yes ☐ No

How is the best way to contact you with questions?
(please provide the best time to reach you and contact information i.e: fax number, mailing address, or phone number.)

_____

_____

Are you able to recommend that this patient receive a Believet™ service dog? ☐ Yes ☐ No

If no, please explain:_____

_____

Mental Health Report Please submit this form to your primary mental health provider	Believet P.O. Box 385 Northfield, MN 55057 Phone: 507-581-4226 Fax: 612-329-0049

Please list any known triggers for the patients condition.

Sense:	**Trigger(s)**	**Reaction**	**Coping Strategy**
Sight			
Hearing			
Touch			
Taste			
Smell			

Treatment

Please list any and all medications which are currently prescribed to the patient:

Medication	Dosage	Purpose

Mental Health Report

Please submit this form to your primary mental health provider

Believet
P.O. Box 385
Northfield, MN 55057
Phone: 507-581-4226
Fax: 612-329-0049

Medication	Dosage	Purpose