



Mental Health Evaluation Form

Today's Date: _____

Veteran Applicant: _____

DOB: _____ Phone: _____

Mental Health Provider: _____

Provider direct phone number: _____

Provider email: _____

Hospital/Clinic Address: _____

Diagnosis: _____

Summary of Current Care: _____

How long has applicant been under your care? _____

Will care continue in the future? How frequently? _____

Describe applicant's current overall mental health status: _____

Describe applicant's specific PTSD symptoms: _____

Does applicant have suicidal thoughts? YES _____ NO _____

Assessment of range of current or previous suicidal thoughts: _____

Assessment of suicidal ideation: _____

Has applicant been clean/sober for 1+ year? YES _____ NO _____

Assessment of substance abuse: _____

Assessment of anger volatility or ability to cope with anger: _____

Please rate applicant's readiness in the following areas (1 low to 5 high)

	1	2	3	4	5
Motivation					
Coping with Anger					
Expectations					
Support System					
Memory					
Hopes for Future					
Where in Recovery Cycle					
View on own PTSD					

	1	2	3	4	5
Attitude on Therapy					
Ability to follow through					
No longer suicidal thoughts					
Family life					
Understanding Service Dog is not magic pill					

Assessment of applicant’s psychological motivation and ability to properly care for service dog:

Applicant’s commitment to adherence of treatment plan: _____

Assessment of ability to handle service dog in public: _____

Assessment of applicant’s readiness to handle added attention of service dog: _____

Assessment of applicant’s support system: _____

Any additional concerns or comments: _____

Mental Health Provider Name (printed)

Mental Health Provider Signature

Date: _____