



2700 Shirley Landing Drive Virginia Beach, VA 23457
(757) 465-1033 Fax: 757-465-1088
info@muttswithamission.org
www.muttswithamission.org

PRIMARY BEHAVIORAL HEALTH QUESTIONNAIRE

(LCSW, LISW, LPC, PHYCOLOGIST, or PSYCHIATRIST)

To be completed by Primary Mental Health provider and returned directly to Mutts With A Mission.

Physician's Release:

Name of Physician: _____

Please release the requested medical information regarding my condition and/or disability to Mutts With A Mission. The information will be used by the organization to determine my ability to obtain a Service Dog through their program. Thank you.

Applicant Name: _____

APPLICANT SIGNATURE

DATE

THERAPIST INFORMATION

Therapist Name: _____

Name of Practice: _____

Address: _____

Office Number: _____

Fax Number: _____

Cell Number: _____

Email: _____

QUESTIONNAIRE SECTION

***** Please note incomplete or illegible form will not be accepted. Please fill out completely and legibly. *****

Is this applicant being treated by a medication prescriber? (Psychiatrist, APRN) YES NO

If YES, please list Prescriber's name:

Please list all behavioral health diagnoses for this applicant:

Is the applicant currently being treated for each diagnosed behavioral health condition? YES NO

If NO, please explain:



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Please summarize the overall state of the applicant's mental health and treatment.

Is this applicant's primary mental health diagnosis service-connected or line-of-duty related? YES NO

If YES, how is this diagnosis a direct result of this applicant's military service or line-of-duty employment?

Are there any substance use related concerns? YES NO

If YES, please explain:

Are you aware of any history of animal abuse? YES NO

If YES, please explain:

How long has the applicant been in treatment with you? _____

How often is the applicant seen for therapy? WEEKLY BI-WEEKLY MONTHLY or LESS OFTEN

Is the applicant dependable in terms of keeping scheduled appointments and follow through on recommendations/out of session assignments? YES NO

Has there been a lapse in treatment? YES NO

If YES, how long: _____



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TREATMENT MODALITY (PLEASE CHECK ALL THAT APPLY)

- COGNITIVE BEHAVIORAL THERAPY
- COGNITIVE PROCESSING THERAPY
- PROLONGED EXPOSURE THERAPY
- EYE MOVEMENT DESENSITIZATION AND REPROCESSING
- COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA
- ALTERNATE/COMPLIMENTARY APPROACHES (YOGA, BIOFEEDBACK, EXPERIMENTAL, MINDFULNESS, ART)
- OTHER _____

Please indicate if the applicant has had or is currently receiving: (PLEASE CHECK ALL THAT APPLY)

- INDIVIDUAL THERAPY
- GROUP THERAPY
- INPATIENT PSYCHIATRIC HOSPITALIZATION
- RESIDENTIAL TRAUMA TREATMENT
- INTENSIVE OUTPATIENT (IOP) or PARTIAL HOSPITALIZATION (PHP)
- OTHER _____

Is there an active/present risk of suicide ideation, plans or attempts? YES NO

Is there a history of suicide ideation, plans or attempts? YES NO

If YES, when? _____

CURRENT SYMPTOMS (PLEASE CHECK ALL THAT APPLY)

- IRRITABILITY/ANGER ISSUES CAUSING CONFLICT SOCIAL ATTACKS NIGHTMARES ISOLATION
- AVOIDING PLACES, SITUATIONS, PEOPLE AND/OR RELATIONSHIPS ANXIETY IN PUBLIC PLACES
- DEPRESSION PANIC INSOMNIA OTHER _____

Does the applicant have anger management issues? YES NO

If YES, how do they handle episodes?



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Please list any known triggers for the applicant.

What are the applicant's treatment goals?

Please describe how you believe a Service Dog could be used to improve the applicant's functioning and quality of life.

Do you think the applicant would present a danger to a Service Dog?	YES	NO
Do you think the applicant has the ability to care for a Service Dog or is able to implement resources available to care for a Service Dog?	YES	NO
If the applicant is selected to receive a Service Dog, would you be willing to incorporate the use of the dog into the applicant's treatment plan?	YES	NO

If YES, please explain:

Would you be willing to communicate with Mutts With A Mission staff regarding concerns, progress towards goals and the effectiveness of the Service Dog in improving symptoms?	YES	NO
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If YES, preferred method of contact: _____

Overall, do you feel a Service Dog would be beneficial for this applicant?	YES	NO
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PRINTED NAME AND TITLE

SIGNATURE

DATE

Please return to:
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REV 01.22

Initial Here: _____