MENTAL HEALTH INFORMATION & VERIFICATION FORM

TO BE COMPLETED BY AN APPROPRIATE LICENSED MENTAL HEALTH PROFESSIONAL

Old Glory Service Dogs 4 Veterans, Inc. serves qualifying Veterans, Law Enforcement, Firefighters, and EMS Professionals. This form assists Old Glory in evaluating safe participation, training needs, and functional considerations relevant to a Service Dog program. It is not a request for the provider to select a dog.

Applicant Name _____

Date of Birth _____

Provider Name / Practice _____

Phone _____

How long have you been treating this applicant?

_____

Is the applicant currently receiving treatment related to PTSD, Military Sexual Trauma, Traumatic Brain Injury, Mobility Disability, or another condition relevant to program participation?

☐ Yes ☐ No ☐ Unknown

Please identify relevant diagnosis(es), current treatment status, and functional impact within your professional scope:

_____

_____

_____

_____

_____

Is there an active treatment plan?

☐ Yes ☐ No ☐ Not applicable

Is the applicant currently experiencing an acute safety concern involving risk to self or others that would make Service Dog training unsafe at this time?

☐ No ☐ Yes ☐ Unable to determine

If yes or unable to determine, please explain only the information necessary for program safety:

_____

_____

_____

Is the applicant seeking a Service Dog as a replacement for appropriate medical/mental health treatment?

☐ No ☐ Yes ☐ Unknown

Please describe the applicant's ability to cope with stress, frustration, and anger in a group-training environment:

_____

_____

_____

_____

Please describe the applicant's overall mental/emotional functioning and any treatment considerations relevant to consistent Service Dog training:

_____

_____

_____

_____

Do you have concerns about the applicant's ability to participate in training that may include crowds, loud/unexpected noises, public interaction, and classroom instruction?

☐ No ☐ Yes ☐ Yes, with accommodations

Please explain concerns and/or recommended accommodations:

_____

_____

_____

_____

MENTAL HEALTH PROFESSIONAL VERIFICATION

I certify that the information provided on this form is accurate and complete to the best of my knowledge and professional judgment and reflects information relevant to the applicant's participation in the Old Glory Service Dog program.

Provider Signature

_____

Date

_____

Printed Name / Credentials

_____

Licensing Body / State

_____

License / Certification #

_____

Phone

_____

Email

_____

Practice / Agency

_____

AUTHORIZATION FOR RELEASE OF RELEVANT HEALTH INFORMATION

I authorize the healthcare provider identified above to disclose and discuss with Old Glory Service Dogs 4 Veterans, Inc. health information reasonably necessary to evaluate my application, identify training accommodations, and assess safe participation. I understand this authorization is voluntary and may be revoked in writing except to the extent action has already been taken in reliance upon it. This authorization expires one (1) year from the date signed unless revoked earlier in writing

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Applicant / Patient Name

_____

Date

_____

Applicant / Patient Signature

_____

Personal Representative (if applicable)

_____

Relationship to Applicant

_____

Representative Signature (if applicable)

_____

PRIMARY CARE MEDICAL VERIFICATION FORM

SERVICE DOG PROGRAM APPLICANT — TO BE COMPLETED BY AN APPROPRIATE LICENSED MEDICAL PROFESSIONAL

The information requested assists Old Glory in evaluating the applicant's ability to safely participate in the Service Dog training program and, when appropriate, identifying physical needs that should be considered when selecting and training a Service Dog. Old Glory selects and pairs the Service Dog with the applicant.

SECTION 1: APPLICANT INFORMATION

Applicant Full Name _____

Date of Birth _____

Address _____

Date of Last Examination _____

Height _____

Weight _____

Provider Name / Practice _____

Phone _____

How long have you been treating this applicant?

_____

Primary qualifying condition(s) relevant to this application:

☐ Post-Traumatic Stress Disorder (PTSD) ☐ Military Sexual Trauma (MST) ☐ Traumatic Brain Injury (TBI) ☐ Mobility Disability

SECTION 2: PHYSICAL HEALTH & FUNCTIONAL ABILITY

Identify current medical conditions, disabilities, injuries, or physical conditions relevant to participation in the Service Dog program. Describe associated limitations, restrictions, balance concerns, mobility limitations, or safety considerations:

_____

_____

_____

_____

_____

Based on your professional assessment, is the applicant physically capable of safely participating in regular at-home Service Dog training?

☐ Yes ☐ Yes, with limitations/accommodations ☐ No

Please describe limitations or accommodations:

_____

_____

_____

Are there physical considerations Old Glory should take into account when determining an appropriate size, weight, strength, or activity level of Service Dog?

☐ No ☐ Yes

Would handling a larger or stronger dog create increased risk of falls, loss of balance, injury, fatigue, or difficulty maintaining control?

☐ No ☐ Yes ☐ Unsure

Please explain:

_____

_____

_____

Do you have concerns regarding the applicant's physical or cognitive ability to safely and consistently participate in scheduled group training, at-home training, walking/handling a dog, public-access training, and daily care?

☐ No ☐ Yes ☐ Yes, but appropriate with accommodations

Please explain concerns or recommended accommodations:

_____

_____

_____

_____

Are there specific Service Dog tasks or forms of physical assistance that may help the applicant's functional limitations?

☐ No specific recommendation ☐ Yes

If yes, please describe:

_____

_____

_____

SECTION 3: RELEVANT MEDICAL & BEHAVIORAL HEALTH INFORMATION

To the best of your knowledge, does the applicant have any mental, behavioral, or cognitive health condition that may affect safe participation or independent care/handling of a Service Dog?

☐ No ☐ Yes ☐ Unknown / Outside my scope

If yes, describe relevant functional limitations, safety considerations, or recommended accommodations:

_____

_____

_____

SECTION 4: VISION

Does the applicant have a vision impairment that could affect safe training, handling, travel with, or care of a Service Dog?

☐ No ☐ Yes

If yes, describe the impairment and whether it is corrected with glasses, contacts, or another device:

_____

_____

_____

Are there accommodations or Service Dog matching considerations related to vision?

☐ No ☐ Yes

Please explain:

_____

_____

SECTION 5: HEARING & COMMUNICATION

Does the applicant have hearing loss or another hearing-related condition that may affect communication, environmental awareness, or Service Dog training?

☐ No ☐ Yes

Does the applicant use hearing aids, cochlear implants, or another hearing-assistance device?

☐ No ☐ Yes

Does the applicant have speech or communication limitations Old Glory trainers should know about?

☐ No ☐ Yes

Please describe helpful communication methods or accommodations:

_____

_____

_____

Could vision, hearing, speech, or communication needs affect verbal commands, hand signals, observation of the dog, or response to the dog in public?

☐ No ☐ Yes ☐ Unsure

Please explain:

_____

_____

_____

SECTION 6: ALLERGIES & SENSITIVITIES

Dogs / dander / saliva

☐ No ☐ Yes

Medications

☐ No ☐ Yes

Food

☐ No ☐ Yes

Environmental / Other

☐ No ☐ Yes

If yes to any, describe the allergy/sensitivity, severity, and precautions/accommodations:

_____

_____

_____

If the applicant has a known dog allergy, are there medical considerations Old Glory should take into account when selecting a dog?

☐ No ☐ Yes ☐ Not applicable

Please explain:

_____

_____

SECTION 7: CARDIOPULMONARY HEALTH & ENDURANCE

Does the applicant have a cardiovascular or respiratory condition that may affect stamina, walking tolerance, physical activity, ability to handle a Service Dog, or participation in training?

☐ No ☐ Yes

If yes, identify relevant condition(s) and associated limitations:

_____

_____

_____

Are there restrictions regarding walking distance, prolonged standing, heat exposure, outdoor activity, stairs, lifting, bending, or other physical activity?

☐ No ☐ Yes

Please explain:

_____

_____

_____

SECTION 8: NEUROLOGICAL, BALANCE & MOBILITY CONSIDERATIONS

Does the applicant have a history of seizures or a diagnosed seizure disorder?

☐ No ☐ Yes

Approximate Frequency _____

Date of Most Recent Seizure _____

Known triggers, if any:

_____

Is the condition currently managed with medication?

☐ No ☐ Yes ☐ Not applicable

Describe safety concerns, restrictions, or assistance needs associated with seizures:

_____

_____

Does the applicant experience difficulty with balance, coordination, vertigo, dizziness, gait, or stability?

☐ No ☐ Occasionally ☐ Frequently

Please describe:

_____

_____

Does the applicant have an increased risk of falling?

☐ No ☐ Yes

If yes, describe circumstances in which falls are most likely:

_____

_____

Could the size, strength, movement, pulling force, or positioning of a Service Dog affect balance or fall risk?

☐ No ☐ Yes ☐ Unsure

Please explain matching/training considerations:

_____

_____

_____

SECTION 9: COGNITIVE, LEARNING & PHYSICAL MOBILITY CONSIDERATIONS

Does the applicant have cognitive, memory, attention, processing, or learning difficulties that could affect learning, retaining, or consistently applying Service Dog handling and care instructions?

☐ No ☐ Yes

Please describe:

_____

_____

_____

Are there teaching methods or accommodations that may help this applicant learn and retain Service Dog training?

☐ No specific accommodations known ☐ Yes

Examples may include written instructions, demonstrations, repetition, shorter training segments, additional practice, visual cues, or other accommodations:

_____

_____

_____

Does the applicant have musculoskeletal, orthopedic, or mobility limitations affecting walking, standing, bending, reaching, grip, balance, leash handling, equipment use, or safe work with a Service Dog?

☐ No ☐ Yes

Identify affected area(s) and functional limitations:

_____

_____

_____

_____

Does the applicant have sufficient hand, arm, and upper-body function to safely hold/manage a leash and Service Dog equipment?

☐ Yes ☐ Yes, with accommodations/adaptive equipment ☐ No ☐ Unable to determine

Describe grip strength, range of motion, dexterity, or side-specific limitations relevant to leash handling or dog positioning:

_____

_____

_____

Does the applicant use mobility or adaptive equipment?

☐ No ☐ Cane ☐ Walker ☐ Manual wheelchair ☐ Power wheelchair ☐ Scooter ☐ Prosthetic device ☐ Brace/orthotic ☐ Other

Frequency of use:

☐ Occasionally ☐ Daily ☐ Most of the day ☐ At all times

If mobility equipment is used, are there considerations regarding how a Service Dog should be positioned relative to the applicant/equipment?

☐ No ☐ Yes ☐ Unsure

Could mobility equipment, gait, balance, strength, or range of motion affect appropriate dog size, strength, pace, positioning, or working side?

☐ No ☐ Yes ☐ Unsure

Please explain:

_____

_____

_____

MEDICAL PROFESSIONAL VERIFICATION

I certify that the information provided in this form is accurate and complete to the best of my knowledge and professional judgment. The information reflects my assessment of the applicant's medical, physical, functional, mobility, cognitive, and safety considerations relevant to participation in Old Glory Service Dogs 4 Veterans, Inc.'s Service Dog program.

I understand Old Glory will use this information as one component of applicant evaluation, Service Dog selection and pairing, training planning, and determination of reasonable training accommodations.

Provider Signature _____

Date _____

Printed Name _____

Professional Title / Credentials _____

Licensing Body / State _____

License / Certification # _____

Phone _____

Email _____

AUTHORIZATION FOR RELEASE OF RELEVANT HEALTH INFORMATION

I authorize the healthcare provider identified above to disclose and discuss with Old Glory Service Dogs 4 Veterans, Inc. health and functional information reasonably necessary to evaluate my application, determine an appropriate Service Dog match, develop my training plan, identify appropriate accommodations, and evaluate my ability to safely participate in the Service Dog program. I understand this authorization is voluntary and may be revoked in writing except to the extent action has already been taken in reliance upon it. This authorization expires one (1) year from the date signed unless revoked earlier in writing.

Applicant / Patient Name _____

Date _____

Applicant / Patient Signature _____

Personal Representative Name (if applicable) _____

Relationship to Applicant _____

Representative Signature (if applicable) _____

This form does not ask the medical professional to prescribe or recommend a particular breed, size, or individual dog. Final Service Dog selection, pairing, task development, and training decisions are made by Old Glory based on the totality of the applicant's needs, abilities, environment, and program requirements.