



Next Step Service Dogs

Medical Reference

TOP PORTION TO BE COMPLETED BY APPLICANT

INSTRUCTIONS:

Please complete and sign the top portion of this page and have your MENTAL HEALTH PROFESSIONAL complete and sign the remainder of the form.

Applicant seeks to: Obtain a service dog

NAME OF APPLICANT: _____

NAME OF MENTAL HEALTH PROFESSIONAL: _____

ADDRESS OF MENTAL HEALTH PROFESSIONAL: _____

CITY, STATE, ZIP CODE: _____

EMAIL ADDRESS OF MENTAL HEALTH PROFESSIONAL: _____

PHONE NUMBER OF MENTAL HEALTH PROFESSIONAL: _____

LENGTH OF RELATIONSHIP BETWEEN MENTAL HEALTH PROFESSIONAL & APPLICANT: _____

I approve the above referenced mental health professional to provide any requested information with regards to my health to Next Step Service Dogs. The information given will be used solely for purposes of evaluating my physical and mental capabilities for training a NSSD Service Dog. NSSD will maintain confidentiality and will share this information only with those people directly involved in my evaluation and possible future training.




SIGNATURE OF APPLICANT

DATE

BOTTOM PORTION & ADDITIONAL PAGE(S) TO BE COMPLETED BY MENTAL HEALTH PROFESSIONAL OF APPLICANT

The person named above as Applicant is applying to obtain a service dog. We appreciate your time in helping us to evaluate this Applicant. Any questions may be directed to our office at 760-438-9190.

www.nextstepservicedogs.org

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*NSSD does not condone discrimination with regard to race, color, national origin, religion, sex, age, disability or veteran status in applicants, paid staff or volunteers. All applications will be considered equally.

PLEASE BE SURE TO CONFIRM WITH THE APPLICANT THAT YOU HAVE SENT THIS FORM, AS THEIR APPLICATION CANNOT BE PROCESSED WITHOUT ALL ATTACHMENTS HAVING BEEN DELIVERED.

Date of Last Examination: _____

Length of time as applicant's mental health professional: _____

Applicant's Date of Birth: _____

Nature of applicant's disability: _____

Cause of applicant's disability: _____

Does the applicant's disability include mental or emotional impairments? Yes No

If yes, please explain: _____

Does the applicant have physical disabilities? Yes No

If yes, please explain: _____

Does the applicant experience seizures? Yes No How often? _____ Type? _____

Does the applicant manifest behavior out of his or her control? Yes No

Is the applicant capable of sustained attention? Yes No

Is the applicant capable of exercising reasonable judgment? Yes No




Please give your prognosis for the applicant's condition over the next 10 years:

Is the applicant capable of following complex directions? Yes No

Is the applicant under medication whose use or lack of use significantly affects judgment or emotional stability? Yes No

If yes, please explain: _____

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Does the applicant constitute a danger to him or herself? Yes No

Does the applicant constitute a danger to others? Yes No

Is the applicant actively suicidal? Yes No

In what ways do you think that the applicant could use a service dog?

(e.g., opening/closing doors, retrieving dropped items, providing companionship at home or in public, calming, behavior interrupter, behavior motivator, safety, etc.)

Do you recommend this applicant for placement with a service dog? Yes No

Do you believe that NSSD or the applicant would benefit by our contacting you directly? Yes No

Comments/Suggestions: _____

Printed Name of Mental Health Professional

Signature of Mental Health Professional




Date

To submit this form:

OR FAX to: **888-867-1690**

OR Email to: support@nextstepservicedogs.org

www.nextstepservicedogs.org

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