



## ANIMALS AS NATURAL THERAPY

721 Van Wyck Road • Bellingham, WA • 98226

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### Mental Health Data form

Client's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Diagnosis (DSM - IV)

Axis I

\_\_\_\_\_

Axis II

\_\_\_\_\_

Axis III

\_\_\_\_\_

Axis IV

\_\_\_\_\_

Axis V

\_\_\_\_\_

#### Presenting Problems

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications**

Drug \_\_\_\_\_

Dose \_\_\_\_\_

Route \_\_\_\_\_

Time \_\_\_\_\_

Purpose \_\_\_\_\_

**Psychiatric Treatment History**

Current Therapy \_\_\_\_\_

Where/ When Diagnosis Was Made \_\_\_\_\_

Outpatient Therapy \_\_\_\_\_

Inpatient Therapy \_\_\_\_\_

ANT staff signature \_\_\_\_\_ Date \_\_\_\_\_

Updated 2-2010