



**Service
Dogs**
your way of living

Psychiatric Medical Report Form

This form is to be completed by your Psychiatrist and sent together with your other application materials to the UDS Service Dogs Program.

Dr. _____,

Please release the requested information regarding my condition to the above identified organization. This information will help determine my abilities in regards to the placement of an assistance dog.

Applicant's Name (please print): _____

Applicant's Signature _____ Date: _____

Doctor's Name _____ Type of practice _____

Address _____

City _____ State _____ zip code _____

Phone _____ Fax _____

Your patient has applied to the UDS Service Dogs Program for an assistance dog based on their diagnosis of PTSD. In order for us to give consideration to their application we must first have a basic understanding of their care. Please answer the few short questions below, thank you!

1) Is your patient, _____, currently in active treatment for PTSD?

2) Are they currently taking medications for this disorder? _____

3) Do you feel your patient has been living life in a positive proactive manner? _____

4) Do you recommend this individual for an assistance dog? ____ Yes ____ No

5) Do you feel the assistance dog program might benefit from a consultation with you?
____ Yes ____ No

Additional comments: _____

Physician Signature _____ Date _____