



2017 MENTAL HEALTH REPORT

(completed by health care provider)

Student Name: _____ Date of Birth: _____

To the Mental Health Professional: This student has already been accepted to The Putney School. In an effort to provide the most comprehensive services possible, it is important that we know of any emotional difficulties the student has had, should any mental health issues arise in our rigorous boarding school environment. Thank you for completing the following:

When and for how long did you see the student?

What were the presenting issues and the DSM V diagnosis?

What treatment was provided and how would you assess the outcome?

Was/is medication prescribed and if so, what?

List all hospitalizations related to mental health, including length of stay, date of discharge and reason for admission:

Please indicate if you would like Jessica Taylor, Counseling Coordinator, to contact you regarding this student. Best way to contact you:

email: _____

phone: _____

I verify that the information expressed here is as complete and true to my knowledge as possible.

Signature: _____ Date: _____

Please print name: _____

License, Title, Degree: _____

Phone and/or Email: _____

