

The Putney School



SUMMER ARTS

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2018 MENTAL HEALTH REPORT

Student Name: _____ **Date of Birth:** _____

To the Mental Health Professional: This student has already been accepted to The Putney School Summer Arts. 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 us 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: _____