

# The Putney School SUMMER ARTS

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## 2019 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:** \_\_\_\_\_ **Email:** \_\_\_\_\_