



3730 Centennial Ranch Rd • Westcliffe, Colorado 81252 • (937) 974-0069  
Email: info@veteransrescueranch.org • www.veteransrescueranch.org

## Mental Health Verification Form

To ensure the Veterans Rescue Ranch candidate is at a point in his/her mental health treatment which is conducive to 1. visit/stay at the Ranch, 2. interact with other veterans and staff during their stay, 3. safely handle rescue animals, and 4. care for rescue animals, we ask the follow information to be provided:

1. Is the candidate currently in treatment for a condition that qualifies him/her for our program, i.e., PTSD, MST and/or TBI? YES NO

A. Please provide details regarding relevant diagnosis(es):

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2. Is this candidate currently a threat to self or others and/or suicidal? YES NO

A. Please provide details:

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3. Is this candidate pursuing Veterans Rescue Ranch (Animal Therapy/Retreat) as a first level of treatment for his/her conditions?    YES    NO

A. Please provide details:

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4. Please provide a narrative regarding the candidate's ability to cope with anger/anger management issues:

A. Please provide details:

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5. Please provide a narrative regarding the candidate's overall mental health and treatment regimen:

A. Please provide details:

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1. I authorize \_\_\_\_\_ (healthcare provider) to use and disclose the protected health information described below to Veterans Rescue Ranch.
2. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

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Signature of patient or personal representative

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Printed name of patient or personal representative and his or her relationship to patient

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Date

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Signature of physician/clinician

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Printed name and license number of physician/clinician

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Date

Please provide a phone number and email address to as a means of contact to verify this information:

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Phone

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Email