

Applicant's Name

Session

Birth Date

Male

Female

# Mental, Emotional, and Social Health

HEALTH FORM 

## Family Changes and Homesickness

**Yes**   **No**

Has the applicant gone through any significant family changes? (death, divorce, adoption, abuse, etc.)

If yes, please describe.

Are you concerned about the applicant's ability to cope with homesickness?

If yes, please explain why.

## Mental, Emotional, and Social Health History

Attention Deficit Disorder (ADD or AD/HD)

Obsessive-Compulsive Disorder

Depression

Panic, Anxiety Disorder

Disordered Eating

Substance Abuse

Learning or Processing Challenge

Other Mental, Emotional, or Social Health Issue

For each mental, emotional, or social health issue indicated above, please have the applicant's mental health professional provide details on the treatment of the condition and the effect (if any) it will have on their experience at camp.

One questionnaire is included on the next page. Print it and make a copy for each issue. Be sure to include each doctor's name, signature, and contact information. Return each questionnaire, along with this page, to camp as soon as possible.

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Issue

**Yes**

**No**

Has the applicant received professional treatment for this issue in the past 12 months?

Is the applicant currently taking prescription medication for this issue?

Do you think camp will be a positive experience for the applicant?

### Management Regimen

Was a management regimen prepared for the applicant's time at camp? If so, please describe.

### Decompensating Indicators

List behaviors that would indicate decompensating.

Name of Doctor

Signature

Date

Contact Information