**MEDICAL RECOMMENDATION**

For clients with a mental health diagnosis you will need to send the following form (pages 9-10) to your therapist. If you have a physical disability we will need this form to be filled out by your primary care doctor. If you have both a mental health diagnosis and a physical disability we will need this form to be sent to both, even if you are only seeking a service dog for one type of disability.

Please put your name and date of birth at the top of the form and leave the rest for the physician or therapist to fill out. They should mail the form directly back to us.

Medical Recommendation Form

Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named patient is seeking a service dog. Please complete this form and send it back to us directly at

Faithfully K9 Service Dogs

25587 Conifer Rd. Suite 105, #129

Conifer, CO 80433.

We maintain confidentiality of our clients’ records. We will not share this information with the client without your express permission. You may contact us at 720-934-7378 or faithfullyk9@yahoo.com if you have any questions.

Practitioner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date patient last seen:\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of association with patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our service dogs learn obedience and exceptional manners, provide companionship and are trained for varying skills which may include but are not limited to:

* Aiding in balance
* Retrieving or carrying items
* Interrupting undesirable behaviors
* Finding help
* Retrieving the phone
* Opening doors
* Creating space
* Tugging off jackets, shoes or socks
* Waking from nightmares

Do you believe that your patient would benefit from having a service dog? Why or why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you recommend that your patient receive a service dog?\_\_\_\_\_\_\_\_\_\_\_\_

Is there a reasonable expectation that this patient will be able to use a service dog for ten years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you believe that this patient will properly care for a dog, including appropriate handling, exercise and financially meeting a dog’s needs?

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Is the patient taking medication which impairs functioning?\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has patient had a history of drug or alcohol abuse? If so, when? \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has patient attempted suicide?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does patient have a history of physical abuse towards others?\_\_\_\_\_\_\_\_\_\_\_

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How reliable are they for appointments?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If patient is cognitively impaired, how significantly are they affected?

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How effective is the patient at overcoming their limitations?\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else we should know?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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May we contact you with questions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date