



**Reining Hope Adaptive Equine Assisted Activities & Therapies LLC**

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**"Wish It, Dream It, Do It!"**

**MENTAL HEALTH DATA FORM**

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Treatment Coordinator/Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

**Presenting Issues**

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**Diagnosis (DSM-IVTR)**

Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis III \_\_\_\_\_  
Axis IV \_\_\_\_\_  
Axis V (GAF) \_\_\_\_\_

**History**

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**Current Medications**

Drug	Dose	Route	Time	Purpose

**Psychiatric Treatment History**

	<u>Where</u>	<u>When</u>	<u>Diagnosis</u>
Current Therapy			
Outpatient Therapy			
Inpatient Therapy			