



MENTAL HEALTH REASSESSMENT FORM
Emotional Support Animal Prescription Letter
Annual Renewal

Date _____

Name _____

Home address _____

Email _____

Cell phone _____

Animal's Information

Emotional support animal Dog Cat

Animal's name _____

Breed _____

How old is your animal? _____

How long have you had your animal? _____

Over the past year, did you find your emotional support animal a useful intervention in reducing your mental health symptoms, and improving your overall functioning?

Yes No

If YES, please describe **IN DETAIL how your emotional support animal has reduced your mental health symptoms over the past year**

Mental Health Treatment

Are you currently receiving mental health treatment?

Yes **No**

If YES, please answer the following questions:

Name of psychiatrist and phone number?

Name of therapist and phone number?

What prescription medications are you currently taking (psychiatric and other)?

Please describe any changes in your mental health over the past year (symptoms, treatment, etc.)

Have you been admitted to a hospital this past year for a psychiatric reason? ___ Yes ___ No

If YES, please explain (dates, location, reason for admission)

Please describe any changes in your physical health over the past Year (medical problems, hospitalizations, surgeries, medication, etc.)

Suicide Risk Assessment

Have you ever had feelings or thoughts that you didn't want to live?

Yes **No**

If YES, please answer the following:

Do you currently feel that you don't want to live?

Yes **No**

How often do you have these thoughts? _____

When was the last time you had thoughts of dying? _____

Has anything happened recently to make you feel this way?

On a scale of 1 to 10, (ten being the strongest) how strong is your desire to kill yourself currently? _____

Would anything make it better? _____

Have you ever thought about how you would kill yourself? _____

Is the method you would use readily available? _____

Have you planned a time for this? _____

Credit Card Authorization Form

Date _____

Cardholder's Name _____

Date of Birth _____

Home Address _____

Email _____

Cell Phone _____

Payment Information

Card Type Visa MasterCard American Express Discover JBC
 Union Pay

Card Number _____

Expiration Date _____

Credit Card Identification Number _____

Billing Zip Code _____

I authorize *Gotham Psychotherapy LCSW, PLLC* to charge my credit card \$150.00

Cardholder's Signature _____