Mental Health Assessment Form for Camp Ton-A-Wandah

To be completed by participant's therapist or psychiatrist if camper has been seen in the past 12 months

Camper Full Name: _____ Camper Date of Birth: _____

Mental, Emotional, and Social Health History:

Does the participant currently have a diagnosis that falls within any of the following categories?

- Attention Deficit Disorder (ADD or ADHD)
- Depression
- Obsessive-Compulsive Disorder
- Anxiety or Panic Disorder
- Eating Disorder
- Substance Use Disorder
- Traumatic Stress Disorder
- Learning or Processing Challenge
- Executive Function Disorder
- Self Harm
- Suicidal Ideation
- Other Mental, Emotional, or Social Health Issue (please list): _____

Has the participant received mental health treatment for the above issue(s) in the past 12 months?
Yes or No

Is the participant currently receiving mental health treatment for the above issue? **Yes or No**

Is the participant currently taking prescription medication for any of these issues? **Yes or No**

Will she continue to take her medication during her stay at camp? **Yes or No**

- If no, will this impact her ability to function while at camp? **Yes or No**

Risk of Harm or Suicidal Ideation:

Has the participant expressed thoughts of self-harm in the last 24 months? **Yes or No**

Has the participant expressed thoughts of suicide in the last 24 months? **Yes or No**

Has the participant expressed thoughts of harming others in the last 24 months? **Yes or No**

Does the participant have a safety plan for any of the above? **Yes or No**

- If yes, please attach safety plan to the Mental Health History Form.

Management Regiment

Will a management regimen be prepared for the participant's time at camp? If so, please describe.

Decompensating Indicators: Please list behaviors that would indicate decompensating.

Coping Strategies: Please list strategies that the participant can implement to manage symptoms.

Final Assessment for Camp

Do you think camp will be a positive experience for the participants? **Yes or No**

Is there any other information that would be helpful for the camp to know to best support this participant's mental and emotional health at camp? **Yes or No**

- If yes, please explain**:**

Name of Mental Health Professional: _____

Signature: _____

Email: _____

Phone Number: _____ Email: _____