

Livnot U'Lehibanot – To Build and To Be Built

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DO NOT SEND THIS FORM BY MAIL!

MENTAL HEALTH REFERRAL FORM - to be filled out if on medication for mental health or under any type of mental health care in the last 3 years.

Dear Doctor, Therapist, or Counselor,

Your client is applying to an intense work, study and hiking program in Israel. It is essential that you fill out the following form as detailed as possible in order that your client can maximize his/her participation in our program. You may also write the recommendation on a your letterhead and include it with this form. Please return this form to the above address as soon as possible. ***Thank you for your cooperation.***

Name of client: _____

Name of mental health care professional: _____

Title: _____

Phone: _____ Fax: _____ e-mail: _____

Signature: _____ ID# _____ Stamp: _____ Date: _____

1. When did treatment begin and end: _____

2. Reason for treatment: _____

3. Medications given and dosage, how long on medication:

4. Any particular situation which could trigger the condition?

5. Symptoms and special treatment (if any) needed:

6. Please detail any hospitalization:

7. Prognosis:

8. In your professional opinion is the client fully able to participate in an intense group experience in a foreign country for the duration in question? _____