

Aspen Network – MENTAL HEALTH FORM

Must be completed/signed by participant's mental health professional – and emailed to Aspen Network ASAP, please.

Your patient is applying to participate in an Aspen Network program (see more at www.aspennetwork.net). The Aspen Team Camp is a residential, educational and recreational program for youth ages 13 and up who have a myriad spectrum of social differences and are seeking a welcoming place. It is held in the North Lake Tahoe region of California. Aspen Team Living PODs are a co-ed residential program, in the San Francisco East Bay, of young adults 18 and up with social differences seeking an accepting, accommodated environment from which to launch their lives with peers of their own. Aspen Network Programs are co-directed by Meg Fields, RN, Psy.D. psychiatric nurse with a doctorate in clinical psychology with over 20 years of experience and a focus on teens and young adults with social differences and anxieties including spectrum and non-verbal learning, OCD, ADHD — and Michael Fields, Emergency Room RN, with over 16 years of experience.

Please help us by answering these questions about your patient. All answers remain confidential.

Patient's First Name	Middle Initial	Last Name	DOB
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1. What is your patient's full DSM diagnosis? Please be as specific as possible.
2. What medications is your patient taking? Any medication changes in the last 24 months? Why?
3. List treatments/therapy and duration of same.
4. What do you see as the patient's primary strengths?
5. What information do you have about their ability to interact with peers?
6. What strategies and interventions have worked best with developing peer relations? Handling aggressive affects? Living with their diagnosis?
7. How would you rate your patient's level of awareness regarding their diagnosis?
8. Do you believe your patient can achieve success at Aspen Network Camp or Team Living PODs?
9. How would you define success?

Mental Health Professional:

Name _____ Signature _____ Date _____

Important: Please complete, date and email this electronic form ASAP to info@aspennetwork.net.

In addition, please print out and physically sign the form and snail-mail it to Aspen Network, 15 Vallecito Lane, Orinda, CA 94563