

# Pre-Field Mental Health Form – questions to consider asking

Questions to consider asking, in **addition** to your usual medical form questions, to be prepared to bring clients in to the field. Be sure to clarify that information they provide will be kept confidential, in accordance with ethics & law.

Please check boxes below to let us know if you have experienced in the past, or currently experience, any mental health conditions including:

Past      Recent

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Anxiety  |
| <input type="checkbox"/> | <input type="checkbox"/> | Panic attacks  |
| <input type="checkbox"/> | <input type="checkbox"/> | Extreme stress   |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression<br>or other mood disorder                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Post-traumatic stress  |
| <input type="checkbox"/> | <input type="checkbox"/> | Grief  |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychosis (hallucinations, delusions, or a<br>specific psychotic disorder) |
| <input type="checkbox"/> | <input type="checkbox"/> | Intentional self-injury  |
| <input type="checkbox"/> | <input type="checkbox"/> | Disordered eating  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagnosed or suspected personality or<br>conduct disorder                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicidal thoughts  |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicide attempt  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:   |

If so, please describe your experience in more detail:

- What happens? What does it look and feel like for you? How long does it normally last?
- **How often** does this occur and what brings it on – are there any specific "triggers"?
- What are your "coping strategies" -- what helps when this happens?
- Please describe your **self-care practices** (e.g. nutrition, sleep, movement, etc) – what do you pay attention to daily in order to manage your mental wellness?

Have you ever been hospitalized for this condition?

Is hospitalization or therapy generally required after an episode?

Please list all **medications**, including **name, dosage, when and how it is taken, any side effects, & what happens if you miss a dose?**:

Have you seen a **counsellor, psychiatrist, or other professional for mental health care** in the past 12 months? If so, for what? (generally):

Please provide your therapist's name and contact information if it could be helpful for us to talk to your therapist before or during the trip, as a resource to be better able to support you. *(Please also let your therapist know that we have **your** permission to contact him or her).*

Therapist's name:

\_\_\_\_\_  
Therapist's email/phone:

\_\_\_\_\_  
Does your therapist know that you have given permission for us to contact him or her?

\_\_\_\_\_

Finally, what can **we** do to support you in the field?:

