



## GYCP Mental Health Information Form

Patient Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

We are requesting you to evaluate the mental readiness of this person to attend the Georgia Youth Challenge Academy Program (GYCP). We want to ensure that the student's attendance will "do no harm." To help in this evaluation, we are providing some basic information.

GYCA is a 5-month, intense residential quasi-military program focused on discipline and academic excellence. While in a structured, disciplined environment, students will be expected to participate in the program's eight core components in: Leadership/Followership, Service to Community, Job Skills, Academic Excellence, Responsible Citizenship, Life-Coping Skills, Health & Hygiene, and Physical Fitness. While here, students live in a military dorm with upwards of 50 other individuals; follow military customs such as marching, participating in physical training 5-days per week starting at 6:00 AM, going to bed at 9:00 PM, and having their entire day regimented.

GYCP has career counselors, but it does not provide mental health counseling; therefore, it is not recommended for individuals requiring intense mental health treatment. Parents and or Guardians will be responsible for arranging any mental health follow up appointments during (2) scheduled passes. Additional days away from training could disqualify the student for graduation, having not completed the mandatory number of days of training. Contact us, if you have questions.

Please provide the following information of the student's current status:

### CURRENT MENTAL HEALTH INFORMATION

Attending Provider: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Providers Phone: \_\_\_\_\_

Current diagnosis and date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of treatment (starting date – ending date & frequency of sessions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT MENTAL HEATH INFORMATION**

Current Medication(s) prescribed: Include dosage and frequency

1) \_\_\_\_\_

Start Date \_\_\_\_\_ Purpose \_\_\_\_\_

2) \_\_\_\_\_

Start Date \_\_\_\_\_ Purpose \_\_\_\_\_

3) \_\_\_\_\_

Start Date \_\_\_\_\_ Purpose \_\_\_\_\_

4) \_\_\_\_\_

Start Date \_\_\_\_\_ Purpose \_\_\_\_\_

Date of Next Appointment: \_\_\_\_\_

In your opinion, does the student pose a threat to himself or others? \_\_\_\_\_

In your opinion, will the student require on-going psychotherapy in addition to medication?

In your opinion, will the student be able to cope with residing in an open bay dormitory along with approximately fifty (50) students for five months with staff supervision? If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, will the student be able to largely self-manage his/her behavior and willingly take medication as prescribed with minimal supervision? \_\_\_\_\_ if no, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health Provider/Physician Signature \_\_\_\_\_

Date: \_\_\_\_\_