



# ARMY & NAVY ACADEMY PRACTITIONER FORM

Army and Navy Academy is a college preparatory military boarding and day school for boys in grades 7 through 12. This form should be filled out by a therapist or mental health professional qualified to provide a fuller picture of the supportive needs of an applicant to our school. Please return this form to [admission@armyandnavyacademy.org](mailto:admission@armyandnavyacademy.org).

**Practitioner Name:** \_\_\_\_\_ **Candidate Name:** \_\_\_\_\_

**Practitioner's Professional Designation:**

- Psychologist
- Psychiatrist
- Medical Doctor
- Licensed Clinical Social Worker (LCSW)
- Marriage, Family, and Child Counselor (MFCC)
- Other (Please specify): \_\_\_\_\_

**Treatment History:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Est. # of Sessions: \_\_\_\_\_

Do you recommend that this patient continue treatment while at Army and Navy Academy?

- Yes, the patient should continue treatment with me.
- Yes, the patient should continue treatment with another mental health professional.
- No, further treatment is not necessary at this time.

**Diagnoses** (mark any that apply):

- Attention Deficit Disorder (ADD)
- Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Oppositional Defiance Disorder (ODD)
- Other (please define) \_\_\_\_\_

Is this patient a threat to himself or to others?  No  Yes

**Follow-up:**

If a diagnosis has been checked above, please elaborate in detail on how the stated diagnoses would impact this individual in a boarding school setting: \_\_\_\_\_

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**Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_