

COUNSELING AND MENTAL HEALTH FORM

Counseling and Mental Health (to be completed and signed by you and your mental health professional, if you have one) The information provided on this form is strictly confidential. It will be placed on file in the PRESHCO Office in Córdoba and consulted only as necessary with the consent and knowledge of the student during the period of his/her participation in the program.

To the mental health professional: Study abroad can be physically and mentally challenging. Mild or pre-existing health conditions can become serious for some students as they transition into an unfamiliar culture or environment. In order to ensure this student's well-being, we request full disclosure of any history of mental health that could potentially be problematic for this student. Please give as much detail as possible in answering the following questions and provide additional information if necessary.

Please include appropriate relevant medical records and any information necessary for medical personnel abroad who might treat this student. Please use the additional space if necessary.

 Describe in as much detail as possible, the relevant mental health condition and/or precipitating event(s) that led the student to seek counseling. State DSM-IV-TR diagnosis(es) if applicable; please list the student's specific symptoms.

2. When did the student experience this condition, and when was the student diagnosed? Please give specific dates.

3. How was the condition treated and for how long? Include dates and type of treatment, name, and dosage of medication(s).

4. Describe any triggers that might lead to the recurrence of symptoms.

5. Have you discussed with the student strategies/plans/resources for him/her to use in the event the symptoms/conditions are triggered while away?

6. Student may experience limited access to psychotherapists/counselors who are comfortable working in English. In your professional judgment, is the student likely to be able to meet the challenges of living abroad with access to professional counseling in English that may be limited or through remote channels?

7. TO THE STUDENT: Please state any concerns you have, or any information you think would be helpful for the on-site staff to know about your emotional health and mechanisms for coping with new/stressful situations

8. Additional comments:

I duly consent that the information be shared by any and all PRESHCO personnel in the USA and in Spain as necessary during the period of my participation in the program.

Signature of student	Date	
Printed name of mental health professional	Date	
Signature of mental health professional		