2026 MENTAL HEALTH PROVIDER MEDICAL FORM

Flying Horse Farms strives to provide children with the safest and most magical experience while visiting camp. To do so, we need as much information as possible from the caregiver and medical provider regarding the camper's current medical status.

Return all forms and records to the FHF Admissions Team by one of these three methods:

Email: campers@flyinghorsefarms.org **Fax:** 419.751.7070

Mail: Flying Horse Farms, ATTN: Admissions Team, 5260 State Route 95, Mt. Gilead, OH 43338

If you have any questions, please contact Flying Horse Farms at 419.751.7077.

The following should be completed by the Mental Health Specialist (please type or print legibly)

PATIENT INFORMATION

Camper Name: _____

Date of Birth: _____

Caregiver Name: _____

Phone Number: _____

Date of Last Exam: _____

Diagnoses (Medical and Mental Health) or symptoms being treated for _____

Medication Allergies _____

PLEASE ATTACH THE FOLLOWING RECORDS

- IEP/504 plan if appplicable/available
- Safety plan if appplicable/available

PSYCHOSOCIAL INFORMATION ☐ *See attached medical records*

Has the camper ever been diagnosed with any of the following? Check all that apply:

☐	ADD/ADHD
☐	Anxiety
☐	Autism Spectrum Disorder
☐	Bipolar Disorder
☐	Depression
☐	Developmental Delays
☐	Mood Disorder
☐	Obsessive Compulsive Disorder

☐	Oppositional Defiance Disorder
☐	PICA
☐	Post Traumatic Stress Disorder
☐	Reactive Attachment Disorder
☐	Other (please specify):

Flying Horse Farms is a medical specialty camp that provides traditional camp experiences supported by on-site medical and psychosocial teams. To do so, we need as much information as possible from the caregiver and clinician regarding the camper's current status. FHF does not provide therapy or 1:1 behavioral support.

Campers participate in activities such as boating, fishing, swimming, hiking, archery, high and low ropes, and campfires. All activities are adaptable and supervised by our medical and psychosocial teams.

Campers who thrive at FHF can follow counselor instructions, participate in group programming, eat in a large (sometimes loud) lunchroom, sleep in a cabin with peers, and regulate emotions without aggression toward themselves or others.

PLEASE DESCRIBE ANY CONSIDERATIONS THAT MAY HELP US FACILITATE THIS CAMPER'S COPING/ADJUSTMENT WHILE AT CAMP:

PLEASE LIST OR DESCRIBE SAFETY CONSIDERATIONS FHF SHOULD DISCUSS WITH THE FAMILY REGARDING AGGRESSION, ELOPEMENT, SELF-HARMING BEHAVIORS OR RECENT SUICIDAL IDEATION:

ANY ADDITIONAL COMMENTS:

Form filled out by: _____
(must be completed by physician, advanced practice provider, licensed counselor, social worker, or psychologist)

Provider's signature: _____

Date: _____

Hospital/Affiliation: _____

Email: _____

Office Phone: _____

Office Fax: _____