

Medical Leave of Absence, Mental Health Care Provider Form

Instructions: This form is to be completed by the student's community mental health provider and be mailed to: Student Health and Counseling, Attention: Amy Gonzalez, 1 College Circle, Geneseo NY, 14454 or faxed to 585-245-5071.

Student name:	D.O.B:
Provider name:	_ License #:
Provider licensed as:	_State of licensure:
Dates of treatment (first session and most recent):	
Treatment modalities (individual, group, IOP, inpatient, etc.):
Treatment program name (if applicable):	
Initial DSM-V diagnoses:	
Current DSM-V diagnoses:	
Other relevant clinical issues:	

Clinician signature:

Date:

Achieved Accreditation by



Health Services Phone: 585.245.5736 Fax: 585.245.5744 Counseling Services Phone: 585.245.5716 Fax: 585.245.5071 Addiction Counseling & Prevention Phone: 585.245.5716 Fax: 585.245.5071

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Health Promotion Phone: 585.245.5747 Fax: 585.245.5744