Return from 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:

_____

_____

Please provide your professional judgment in response to the following questions:

Has there been a substantial amelioration of the student's original medical/psychological condition? If yes, please check all of the following that you have observed a marked reduction of in this student:

_____ number of symptoms
_____ severity of symptoms
_____ persistence of symptoms
_____ functional impairment
_____ subjective level of client distress

If achieved, has the substantially improved condition been maintained stably for three consecutive months? ____ *yes* ____ *no*

Has there been a substantial reduction of any of the following safety related behaviors?

Suicidal behaviors ____ *yes* ____ *no* ____ *n/a*
Self-injury behaviors ____ *yes* ____ *no* ____ *n/a*
Substance abuse behaviors ____ *yes* ____ *no* ____ *n/a*
Failure to maintain ideal body weight for height ____ *yes* ____ *no* ____ *n/a*
Food binging ____ *yes* ____ *no* ____ *n/a*
Food purging or any other potentially harmful compensatory behaviors used for weight management (e.g., use of laxatives, excessive exercise, etc.) ____ *yes* ____ *no* ____ *n/a*
Other: _____ ____ *yes* ____ *no*

Please use the space below to let us know, in your professional judgement, given the academic rigor and social challenges associated with the college environment, if, in your professional judgement, this student is healthy enough continue pursuing their education, in this setting, at the current time. Please include any special considerations or treatment recommendations this student may benefit from once returning to campus:

Clinician signature: _____ Date: _____