Health Care Provider Assessment Form
(Non-Psychological)

Student Name: ____________________________

Person providing this assessment: ____________________________
MD  Nurse  Other: ____________________________

State of Licensure: ____________________________ License Number: ____________________________
Phone Number: ____________________________ Fax: ____________________________
Date of initial appointment: ____________________________ Date of most recent appointment: ____________________________

Total number of times you have seen the student: ____________________________

Please attach the office notes from the previous 5 office visits (if applicable)

Diagnostic Impressions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Prognosis: ____________________________________________

Current Medications and Dosages:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If this request is related to re-entry (Medical Clearance, etc), please continue. If this request is related to Medical Withdrawal/Leave of Absence, please proceed to Section B.
Does the student appear capable of functioning autonomously and successfully in a rigorous full-time academic environment (4 courses)?  Yes  No  N/A  Comments:

Is follow up and/or after care treatment recommended, or reasonable ADA accommodations? If yes, please specify type(s) of recommended treatment:  Yes  No  N/A  Comments:

Provide your opinion of student’s readiness for re-entry to William & Mary and provide explanation in the space provided below for comments:

Ability to resume full-time academic enrollment and residential living or off-campus living:
Academic responsibility often consists of 12-15 credits of rigorous academic course loads, 3-5 extracurricular activities often with leadership responsibilities, and possible athletics and/or research involvement. Residential living is either alone or with roommates/dorm living where student must maintain all activities of daily living without supervision. Off-Campus living will include all activities of daily functioning independently without supervision.

☐ Student is ready to resume full-time academic enrollment and residential living if available.

Ability to resume full-time academic enrollment but not residential living:
Academic responsibilities are outlined above, however, this may mean you do not feel student is able to live within a dorm environment due to interpersonal conflicts connected with mental health symptoms and/or may require some level of supervision with managing aspects of their treatment plan or daily activities.

☐ Student is ready to resume full-time academic enrollment, and is not ready to live in residence.

Student is not ready to return to academic enrollment or residential living:
Student has demonstrated that they are unable to manage symptoms without significant support in managing continued treatment plan, unable to live independently without regular supervision, and/or have significant interpersonal concerns due to mental health/safety that would be disruptive to the learning and living environments of others until better managed.

☐ Student is not yet ready to resume academic enrollment.

Comments:

Section B
By signing where indicated below I am representing to the College of William & Mary that my response to each question listed above is true, complete, and accurate to the best of my knowledge and belief, this it constitutes my best professional judgment and opinion, and that the Patient did not prepare or draft that response for my signature.

Signature: ___________________________  Date: ___________________________

Please attach your business card to this form. Please fax this information to the Dean of Students Office (F: 757-221-2538). If you have any questions please contact the Case Manager at 757-221-2510.

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