



WILLIAM & MARY

DEAN OF STUDENTS OFFICE

Office Phone: 757-221-2510

Fax: 757-221-2538

Health Care Provider Assessment Form (Psychological)

Student Name: _____

Person providing this assessment: _____

MD (Psychiatrist) Psychologist Social Worker Licensed Counselor (Circle all that apply)

Other: _____

State of Licensure: _____

License Number: _____

Phone Number: _____

Fax: _____

Section A

Date of initial appointment: _____

Date of most recent appointment: _____

Total number of times you have seen the student: _____

Treatment modalities provided:

Psychotherapy

Pharmacotherapy

Other: _____

Section B

Diagnostic Impressions:

Prognosis: _____

Current Medications and Dosages:

Please record the symptoms that the student has demonstrated. Circle the appropriate response for each.

	Symptoms observed when student began medical leave			Symptoms addressed by the treatment provided by you			Remaining symptoms which may periodically impact academic functioning		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Attention & Concentration Difficulties	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Body Image/Eating Issues	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Depressive Symptoms	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Homicidal Ideation/Intent	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Interpersonal Difficulties	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Mood Instability	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Motivational Difficulties	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Obsessions/Compulsions	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Panic Symptoms	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Post Traumatic Symptoms	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Psychosis	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Self-Harming (non-suicidal)	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Sleep Disturbance	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Social Phobia	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Substance Abuse/Dependence	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Suicidal Ideation/Intent	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Other:	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A

If this request is related to re-entry (Medical Clearance, etc), please continue to Section C. If this request is related to Medical Withdrawal/Leave of Absence, please proceed to Section D.

Section C

Has the substantial reduction in safety related behaviors been maintained with stability for at least three consecutive months? Yes No N/A Comments:

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:

Please include/attach a detailed treatment summary of the issues addressed in therapy as well as this student's progress.

Section D

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.