



Rensselaer

Counseling Services

Physician or Mental Health Professional's Assessment and Recommendation Regarding Patient's Readiness for Reenrollment

Date: _____

Patient's Name: _____ D.O.B: _____

Physician or Mental Health Professional Providing This Report:

Name and Degree: _____

_____ MD (primary care provider) _____ MD (psychiatrist) _____ Psychologist _____ Social Worker

_____ Counselor _____ Other: _____

Phone: _____

Fax #: _____

Treatment Information:

Date of Patient's initial appointment: _____

Date of Patient's last appointment: _____

Number of times patient was seen by you since being placed on a leave of absence: _____

Treatment modalities used: _____ psychotherapy _____ pharmacotherapy _____ both

Patient's presentation at the time of first appointment:

Prescribed medications and dosages: _____

Will patient be continuing with medication treatment after reenrollment? _____ Yes _____ No

Issue addressed in treatment: _____

Your Diagnosis of patient (DSM V/ ICD 10):

1) _____ 2) _____

3) _____ 4) _____

R/O _____

Observed changes in functioning:

Areas of concern which need to be addressed in continuing treatment or which may pose difficulties in relation to student's reenrollment:

Check any that may apply:

___ Attention/ Concentration Impairment

___ Bipolar Mood Instability

___ Eating Disorder

___ Homicidal Ideation/Intent

___ Interpersonal Difficulties (Axis II related problems)

___ Motivational Difficulties

___ Neurovegetative Depressive Symptoms

___ Obsessions/ Compulsions

___ Panic Symptoms

___ Post Traumatic Stress Symptoms

___ Psychotic Symptoms

___ Self-Destructive Behavior-Non-Suicidal (i.e. cutting)

___ Sleep Disturbance

___ Social Phobia Symptoms

___ Substance Abuse/ Dependence

___ Suicidal Ideation/ Intent

___ Other: _____

Your recommendation regarding patient's readiness to return to academic enrollment:

____ Ready to resume full-time academic reenrollment

____ Not ready to resume full-time enrollment, but is recommended that he/she enroll part-time

____ Not yet ready to resume any academic enrollment

Comments: _____

Recommended treatment plan upon return to Rensselaer:

____ Continued treatment is not necessary at this time

____ Pt will remain in treatment with current providers (s)

____ Treatment should be transitioned to Rensselaer or outside provider

Additional treatment plan comments: _____

Signature of provider

Date

License Number

State