Rensselaer Student Health and 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 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**

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