Re-entry Review: Community Provider Report Form

PLEASE COMPLETE THE FOLLOWING AND RETURN TO

Marcus Hotaling, PhD
Counseling Center
Union College
807 Union Street
Schenectady, NY 12308
Fax: 518-388-6147 • Phone: 518-388-6161

To the evaluator: The student named below has requested to return to Union College following a medical leave for mental health concerns. The information you provide will be used to help determine the appropriateness of this request. Please complete this form in its entirety and return it with the signed release of information attached. *Due to the specific nature of this request, alternate forms/letters will delay determination in this matter.* Thank you.

Individual Providing This Report

Name: _____

_____ MD/DO (non-psychiatrist) _____ MD/DO (psychiatrist) _____Psychologist
_____ Social Worker _____ Counselor _____ Other: _____

Treatment Summary:

Student Name: _____ Date of Birth: _____

Date of First Session: _____ Date of Most Recent Session: _____

Frequency of Sessions: _____ Number of Attended Sessions: _____

Number of Sessions Missed/Cancelled _____

Current DSM Diagnosis _____

Type of Treatment Provided (check all that apply):

__ Individual Therapy __ Medical Eval/Treatment __ Detox/Substance Abuse Treatment

__ Group Therapy __ Nutritional Consultation __ Other (please specify)_____

__ Psychiatric Services __ Inpatient Psychiatric Treatment

Please describe the student's *current* treatment plan (including modality, frequency of sessions, and symptoms/behaviors being addressed) and specify the way(s) in which it would change if the student were to be readmitted to school:

_____
_____
_____
_____
_____

Please indicate any medication and dosages of any psychotropic medications prescribed to this individual:

_____
_____

Assessment:

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

__Yes ___No Have you observed a significant improvement in the student's psychological condition since their departure from Union College?

If yes, please check all of the following in which you have observed a marked reduction in this student:

___ Number of symptoms ___ Severity of symptoms ___ Persistence of symptoms

___ Functional impairment ___ Subjective level of client distress

Has there been a marked reduction in any of the following safety-related behaviors?

___ Yes ___ No ___ N/A Suicidal thoughts and/or behaviors
___ Yes ___ No ___ N/A Homicidal thoughts and/or behaviors
___ Yes ___ No ___ N/A Self-injurious (not suicidal) behaviors
___ Yes ___ No ___ N/A Substance abuse behaviors
___ Yes ___ No ___ N/A Reckless behaviors
___ Yes ___ No ___ N/A Disruptive behaviors
___ Yes ___ No ___ N/A Failure to maintain weight at minimum of 90% Ideal Body Weight
___ Yes ___ No ___ N/A Harmful weight mgt methods (e.g., purging, excessive exercise)
___ Yes ___ No ___ N/A Inability to self-care (showering, cleanliness, etc.)
___ Yes ___ No ___ N/A Other: _____

Please check all that apply:

- ❑ Student has made suicidal/homicidal threats or engaged in suicidal/assaultive acts since their school departure.
- ❑ Student is currently reporting suicidal/homicidal ideation or intent to harm his/herself or others.
- ❑ Student has engaged in behaviors that are disruptive to the community since their school departure (e.g. rule breaking, highly provocative or inappropriate behaviors, threatening speech or behavior).
- ❑ Student is not currently engaging in any of the behaviors above.

Narrative: On your office letterhead, please provide a summary of your interactions with the student following his/her departure from Union College and his/her ability to return to classes and/or college housing, including (but not limited to): a) the student's current psychological functioning and ability to manage stresses associated with college life and living in a residential setting (e.g., greater independence and autonomy, must take responsibility to complete own work, greater access to alcohol and/or drugs); b) what, if any, difficulties do you anticipate for the student upon return to classes? To on-campus housing? What circumstances may exacerbate the student's condition?

Based on your professional opinion, please check one of the following:

- ❑ This student is able to function autonomously on campus (e.g.; if on medication, student can be responsible for following the regime without monitoring, student requires no supervision to ensure his/her safety, student is able to seek help if needed). Therefore, the student is able to return to Union on a full-time basis, and is appropriate for on-campus housing.
- ❑ This student is functioning well enough to return to Union College on a full-time basis however is *not* appropriate for on-campus housing.
- ❑ This student is functioning well enough to return to Union College, but only on a with a reduced course load.
- ❑ This student is *not* functioning well enough to return to Union College at this time.
- ❑ Other (please explain.)
  _____

In order to maintain the level of functionality indicated above, and to maximize the student's chances of success, what level of accommodations or treatment would be needed you recommend:

- ❑ Regular psychotherapy (__ weekly, __ bi-weekly)
- ❑ Regular appointments with a provider of psychotropic medication
- ❑ AOD consultation with campus AOD provider
- ❑ Student should pursue **additional substance abuse treatment** with an outside provider (if primary clinician does not have the related expertise or if supplemental care is needed)
- ❑ Student should pursue **additional specialized treatment for an eating disorder** (with an outside provider if primary clinician does not have the related expertise or if supplemental care is needed)

As always, mental health professionals can make no guarantees or promises of success, but in the exercise of my best professional judgment, I make these recommendations for your consideration.

_____ _____

Clinician Signature Date

Current state and license/certification number: _____

Practice address: _____

_____

Phone# _____

Fax_____

Please attach additional documentation if you wish to record other information regarding the student and her/his ability to function safely, stably, and successfully as a university student (or resident) at this time.