Caltech **STUDENT WELLNESS SERVICES**

PROVIDER REPORT FORM

This form is to be completed by the student's **licensed medical and/or mental health service provider. The provider must** mail or fax **the form** directly to Student Wellness Services using the contact information below, thank you.

PROVIDER INFORMATION					
Provider Name					
Licensed as		**License #:**		**State of Licensure:**	
Address					
Phone Number					
STUDENT INFORMATION					
Student Name					
Date of Birth					
Student Requests	☐ Return from Medical Leave ☐ UASH/Reinstatement ☐ Other:				
Is the student registered or planning on registering with Caltech Accessibility Services for Students (CASS) for disability-related accommodations?	☐ Yes ☐ No				
TREATMENT INFORMATION					
Date of First Contact		**Date of Last Contact**		**Total # of Contacts**	
Type of Treatment (check all that apply)**:**	☐ Medical ☐ Psychological/Mental Health ☐ Psychiatric ☐ Substance Abuse				
DSM V / ICD 10 Diagnosis/es					
Impact of the condition(s) on student's academic functioning:					
Prognosis:	☐ Excellent ☐ Good ☐ Fair ☐ Poor				
Please provide your professional opinion regarding the current management of the condition(s), and whether the student is currently capable of functioning as an enrolled student:					
Do you intend to continue treating the student if they are reinstated as an enrolled student?	☐Yes ☐No				
Please provide your professional recommendations regarding ongoing treatment or care for the management of the student's condition(s), including any limitations, with a focus on what will help support the student's transition back to enrolled student status:					
Provider Signature		**Date**			

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