



STUDENT WELLNESS SERVICES

1239 Arden Rd., Mail Code 1-8, Pasadena, CA, 91125
Counseling Services and Occupational Therapy: 626-395-8331
Health Services: 626-395-6393 | Fax: 626-585-1522

Provider Report Form

INSTRUCTIONS: This form is to be completed by the student's **licensed medical and/or mental health service provider**, and mailed or faxed **by the provider** directly to the Executive Director of Student Wellness Services using the contact information above. No diagnostic or clinical information will be disclosed without the student's written consent. Typically, the information furnished to the Deans or academic standards committee is limited to general recommendations for treatment and supplementary resources that could support the student's health and academic success.

Provider Name: _____ License # _____

Licensed as: _____ State of Licensure: _____

Address: _____ Phone Number: _____

Student Name _____ Date of Birth _____

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