

### 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				
<b>Provider Name</b>				
<b>Licensed as</b>		<b>License #:</b>		<b>State of Licensure:</b>
<b>Address</b>				
<b>Phone Number</b>				
STUDENT INFORMATION				
<b>Student Name</b>				
<b>Date of Birth</b>				
<b>Student Requests</b>	<input type="checkbox"/> Return from Medical Leave <input type="checkbox"/> UASH/Reinstatement <input type="checkbox"/> Other:			
<b>Is the student registered or planning on registering with Caltech Accessibility Services for Students (CASS) for disability-related accommodations?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
TREATMENT INFORMATION				
<b>Date of First Contact</b>		<b>Date of Last Contact</b>		<b>Total # of Contacts</b>
<b>Type of Treatment</b> (check all that apply):	<input type="checkbox"/> Medical <input type="checkbox"/> Psychological/Mental Health <input type="checkbox"/> Psychiatric <input type="checkbox"/> Substance Abuse			
<b>DSM V / ICD 10 Diagnosis/es</b>				
<b>Impact of the condition(s) on student's academic functioning:</b>				
<b>Prognosis:</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
<b>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:</b>				
<b>Do you intend to continue treating the student if they are reinstated as an enrolled student?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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:</b>				
<b>Provider Signature</b>				<b>Date</b>