

Physician or Mental Health Professional's Assessment and Recommendation
Regarding Patient's Readiness for UVa Reenrollment

(please write very legibly)

Date: _____

Patient's Name : _____ DOB: _____

Physician or Mental Health Professional Providing This Report:

Name and Degree: _____

_____ MD (primary care provider) _____ MD (psychiatrist) _____ Psychologist,

_____ Social Worker _____ Counselor _____ Other: _____

Business Address: _____

Phone: _____

Fax#: _____

Treatment Information:

Date of patient's initial appointment with you: _____

Date of patient's last appointment with you: _____

Number of times patient was seen by you since medical withdrawal: _____

Total number of times patient was seen by you (if different than above): _____

Treatment modalities used: _____ psychotherapy _____ pharmacotherapy _____ both

Patient's symptom picture at time of first appointment with you following his/her medical withdrawal:

Specific prescribed medications and dosages: _____

Will patient be continuing with medication tx after reenrollment? ____ Yes ____ No

Issues addressed in treatment with you: _____

Your diagnosis of patient (DSM IV):

Axis I: 1) _____ 3) _____

2) _____ 4) _____

Axis II: _____

Axis III: _____

Observed changes in patients functioning during time in treatment with you:

Remaining functional difficulties which need to be addressed in continued 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: _____

If any were selected above, please elaborate, particularly with regard to whether or not patient's remaining functional difficulties may contraindicate his/her return to the academic environment.

Your recommendation regarding patient's readiness to return to academic enrollment:

- Pt is ready to resume full-time academic reenrollment
- Pt is not ready to resume full-time enrollment, but it is recommended that he/she enroll part-time
- Pt is not yet ready to resume any academic enrollment.

Comments: _____

Recommended treatment plan if pt returns to UVa enrollment:

- Continued treatment is not necessary at this time
- Pt will remain in treatment with current provider(s)
- Treatment should be transitioned to UVa or Charlottesville provider(s)

Additional treatment plan comments: _____

Signature of Provider

Date