Wellesley College Counseling Service
The Stone Center
106 Central Street
Wellesley, MA 02481
Telephone: 781-283-2839 Fax: 781-283-3769

Mental Health Provider Report Form

NOTE: This form is to be completed by the student's community mental health clinician/service provider and mailed to the following address: **Wellesley College Counseling Service 106 Central Street Wellesley, MA 02481, Attn: Director**

Clinician Name ____________________________ Student Name ___________________________________

Profession:________________________________ Year of Graduation: ______________________________

Licensed # and State: _______________________ DOB: ____

Date of First Session ________________________ Date of Most recent Session ________________________

Number of Sessions ________________________

Initial DSM V Diagnosis/or Diagnostic Impression: ____

Current DSM V Diagnosis/or Diagnostic impression: ____

Current Medication(s) and dosages: ____

____

Please provide your professional judgment in response to the following questions regarding the student named above.

___Yes ___No Has there been a substantial amelioration of the student's original health/psychological condition?

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

___ Number of symptoms
___ Severity of symptoms
___ Persistence of symptoms
___ Functional impairment
___ Subjective level of client distress
___ Other ____
(list/explain)

___Yes ___No Has the substantially improved condition been maintained stably for at least three consecutive months?

Please explain:____

Has there been a substantial reduction of any of the following safety related behaviors the student may have been engaging in?

___Yes ___No ___N/A Suicidal behaviors
___Yes ___No ___N/A Self injury behaviors (safety related)
___Yes ___No ___N/A Threat to others (homicidal and/or aggressive behavior
___Yes ___No ___N/A Substance abuse behaviors
___Yes ___No ___N/A Failure to maintain weight at minimum of 85% of Ideal Body Weight for height
___Yes ___No ___N/A Food binging
___Yes ___No ___N/A Food purging or any other potentially harmful compensatory behaviors used for weight management (e.g., use of laxatives, excessive exercise, etc.)
___Yes ___No ___N/A Dissociative
___Yes ___No ___N/A Psychotic
___Yes ___No ___N/A Other: ____
(list/explain)

Has the reduction in safety related behaviors been maintained for at least 3 consecutive months? ___Yes ___No

Please explain: ____

Wellesley College students engage in a highly demanding course of study and are required to be able to live and work independently (with or without accommodation) and are expected to be a productive member of the community.

Do you have any concerns about this student's ability to be successful in such a setting? ___Yes ___No

If yes, please explain:
____

____

Do you recommend clearance from the leave of absence at this time? ____Yes ____No

Please explain: ____

____

If yes, do you recommend any accommodations? ___ Yes ___No

If yes, please state the recommended accommodation(s) and the reason(s) why needed:

____

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____ ______________________
Clinician Signature Date

____ ______________________
Print Name Email Address

Please use the apace below to provide additional documentation if you wish to expand on your responses and/or to provide additional comments or observations regarding the student and his or her ability to function safely, stably, and successfully as a full time college student at this time. Thank you.

Revised Jan/2014