# Bryn Mawr College Healthcare Provider Assessment Form

*Instructions for the student:*

As a student on health leave of absence from Bryn Mawr College, you will need to submit this form as part of the re-enrollment process. Please indicate if you have or have not received treatment while away from the College. If you have received care, you will need to arrange for each of the providers you worked with to fill out the assessment form. If you did not receive treatment while on your leave, you will still need to submit the first page of this form to either the Director of Health Services or to the Director of Counseling Services.

☐ I have received treatment while on leave and have asked my provider to complete the form.

☐ I have *not* received treatment while on leave. I understand that someone from Health and/or Counseling Services may reach out to me to offer support or guidance around my readiness to return.

| | |
|---|---|
| Student Name (Printed) | Date (MM/DD/YYYY) |

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To my treatment provider,

I am currently on health leave of absence from Bryn Mawr College to address physical or mental health concerns. I left Bryn Mawr to engage in appropriate treatment in .

Bryn Mawr has two re-enrollment cycles, one for students applying to return in the fall with a deadline to submit the application form on March 1, and another for students applying to return in the spring with a deadline to submit the application form on October 15.

I am now applying for re-enrollment to Bryn Mawr, and as part of the re-enrollment process, I am asking you to complete this form as thoroughly and truthfully as possible and send it to the re-enrollment committee so that they may evaluate my readiness to return. The Healthcare Provider Assessment Form is due by **March 15** for a fall semester return or **November 1** for a spring semester return.

Sincerely,

| | |
|---|---|
| Student Name (Printed) | Date (MM/DD/YYYY) |

## *Instructions for the treatment provider:*

Thank you for your help in aiding this student in resuming their studies at Bryn Mawr College. We are asking for the following information from you:

1) information about your work with the student,
2) the progress the student has made,
3) your opinion about whether the student is healthy enough to resume studies and residence at Bryn Mawr College for the upcoming semester,
4) and your recommendations for continuing support or treatment should the student return to campus.

**If this student's diagnosis and/or recommended treatment involves either weight and vital sign support greater than once a week or intensive mental health care, we ask that you consider if the student is well enough to return to campus and academic life. If the student returns, we are happy to partner with the home or outside provider for ongoing support when appropriate.**

Please complete the attached form and return it to the student. The student will then share the form with the Director of Health Services and/or the Director of Counseling Services. The Directors may be in touch with you if additional information is needed. If you have any concerns about completing the form at this point in your assessment of them, please note that. For example, we understand that it may be the case that it is too early to determine a student's readiness to return to full-time study for the fall semester in March; we often offer students a conditional approval if they submit updated paperwork to Dr. MacNamara or Dr. Kotarski by May 31. The committee will send an official letter of approval or postponement in early June.

Sincerely,

The Re-Enrollment Committee

# Bryn Mawr College Healthcare Provider Assessment Form

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|---|---|
| **Student's Name** | **Student's Date of Birth** |

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## Information about your work with the student:

| **Initial Diagnoses:** | **Current Diagnoses:** |
|---|---|
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**Has the student been in a hospital, PHP, IOP or treatment program?** ☐ **YES /** ☐ **NO**

**Check off all forms of treatment that apply to your contact with the student:**

| ***Behavioral Health Care*** | ***Medical Care*** |
|---|---|
| ☐ Individual therapy | ☐ Ongoing medical treatment |
| ☐ Group therapy | ☐ Physical therapy |
| ☐ Intensive outpatient | ☐ Hospitalization |
| ☐ Partial hospitalization program | ☐ Surgery |
| ☐ Residential program | ☐ Laboratory studies |
| ☐ Substance abuse treatment program | ☐ Other: |
| ☐ Other: | |

**Please indicate the duration of <u>BEHAVIORAL HEALTH</u> treatment:**

*If individual or group treatment, please indicate* ☐

| | |
|---|---|
| Date of first visit after the leave began *(MM/DD/YYYY)* | |
| Date of the most recent visit *(MM/DD/YYYY)* | |
| Total number of visits | |

*If treatment program, please indicate* ☐

| | |
|---|---|
| Name of the Program | |
| Date of Admission *(MM/DD/YYYY)* | |
| Date of Discharge *(MM/DD/YYYY)* | |

**Has the student terminated treatment with you or your program?** ☐ **YES** ☐ **NO**

If yes, was the termination mutual and planned? ☐ **YES** ☐ **NO**

If *yes*, please describe the discharge plan below. If *no* to either of the above, please explain further:

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## Assessment:

**Have you observed substantial amelioration of the student's health/psychological condition?**

☐ **YES** ☐ **NO**

If *yes*, check all the following in which you have observed a marked improvement in this student:

☐ Number of symptoms

☐ Subjective level of distress

☐ Functional impairment

☐ Persistence of symptoms

☐ Severity of symptoms

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

☐ Suicidal behaviors

☐ Self-injury

☐ Substance abuse

☐ Failure to maintain ideal body weight for height

☐ Food binging

☐ Food purging or any other potentially harmful compensatory behaviors used for weight management *(use of laxatives, excessive exercise, etc.)*

☐ Other:

**Has this substantial improvement been maintained?** ☐ **YES /** ☐ **NO**

*If yes, for how many months?*

Please elaborate:

## Recommendation regarding return at this time:

In your professional judgment, is the student healthy enough to return to Bryn Mawr's residential academic community and its rigorous full-time course of study in the upcoming semester? What do you see as the pros and cons of the student returning at this time?

## Recommendation regarding treatment upon return:

If you recommend the student return for the upcoming semester, what are your recommendations for continuing support and care once they return to Bryn Mawr?

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**Additional Information:**

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|---|---|
| *Name:* | |
| *Address:* | |
| *Phone Number:* | |
| *Email Address:* | |
| *License Number & State:* | |
| *Date (MM/DD/YYYY)* | |