

Boston University Student Health Services
881 Commonwealth Avenue
Boston, Massachusetts 02215
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www.bu.edu/shs



Mental Health Provider Report for New Students

This form is to be completed by the student's community physical or mental health provider and mailed by the provider directly to: Mitzi Kane, Care Coordinator for Behavioral Medicine at Boston University at the address indicated at the end of this document. "Provider" means Licensed Healthcare Provider (e.g., MD, DO, Psychologist, Licensed Clinical Social Worker, Licensed Clinical Mental Health Counselor, etc.). This original, signed form must be received by Boston University 3-6 weeks before the student's arrival.

Student's Name: _____

Clinician's Name: _____

Licensed as: _____

Address: _____

Phone # _____

Dates of Treatment: (from) _____ (to) _____

Current Diagnosis:

Axis I: _____

Axis II: _____

Current Medications (inc. dosage): _____

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

Yes No Has there been a significant amelioration of the student's original medical/psychological condition? If yes, please check all of the following that you have observed a marked reduction of in this student:

Number of symptoms

Functional impairment

Severity of symptoms

Subjective level of client distress

Persistence of symptoms

Yes No N/A In your best judgment is the student's current condition sustainable?

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 and/or suicidal ideation

Yes No N/A Self injurious behaviors

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 bingeing

Yes No N/A Food purging or other potentially harmful behaviors used for weight management (e.g., use of laxatives, excessive exercise, etc.)

Yes No N/A Aggressive or assaultive behaviors

Yes No N/A Other:

What evidence has been demonstrated to suggest that the student has increased ability to manage stress and cope with life demands?

What responsibilities has the student maintained that suggests they are ready to attend Boston University?

Academic Enrollment Recommendations:

____ Client is ready to attend Boston University in the unstructured, unsupervised and demanding academic environment on a full-time basis.

____ Client is not ready to begin full-time enrollment, but it is recommended that he/she enroll part-time.

____ Client is not yet ready to attend Boston University

Additional Comments:

Continued Treatment Recommendations:

____ Continued treatment is not recommended at this time.

____ Client will remain in treatment with this provider.

____ Treatment will be transitioned to another provider: _____

Please note: BU Student Health Services is a short term facility. If you anticipate the patient will need longer term care, we are available to help with resources in the community and the referral process.

Additional treatment plan recommendations:

Clinician Signature

Date

Please attach additional documentation if you wish to expand on your responses to the questions above and/or to record any other comments or observations you may wish to make regarding the student and his/her ability to function safely, stably, and successfully as a student at this time.

DO NOT RETURN THIS FORM TO THE STUDENT

Please fax or mail completed form to:

Mitzi Kane, Care Coordinator
Boston University
Student Health Center, Behavioral Medicine Department
881 Commonwealth Ave, West
Boston, MA 02215
Phone: 617-353-3569
Fax: 617-353-1128

Any other questions can be directed to Dr. Margaret Ross, Director of Behavioral
Medicine Department, 617-353-3569 or mross@bu.edu.

