

Boston University Student Health Services
881 Commonwealth Avenue
Boston, Massachusetts 02215
T 617-353-3569 F 617-353-1128
www.bu.edu/shs



Community Provider Report for Return from Medical Leave

This form is to be completed by the student's community physical or mental health clinician and mailed directly to:

Mitzi Kane, Care Coordinator Behavioral Medicine
Student Health Services, Boston University
881 Commonwealth Ave. West
Boston, MA 02215

This form must be completed by a licensed healthcare provider (e.g., MD, DO, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Mental Health Clinician, etc.). Please return the signed form at least 3 weeks before the student's anticipated return.

Student Name: _____

Clinician Name and Degree (printed): _____

Clinician Signature: _____

Clinician Address: _____

Clinician Phone # _____

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

Current Diagnosis:

Axis I: _____

Axis II: _____

Current Medications: _____

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

Yes No Has there been a significant improvement in the student's original medical/psychological condition?

If yes, please check all of the following that apply.

I have seen improvement in:

Number of symptoms

Severity of symptoms

Persistence of symptoms

Functional impairment

Subjective level of student distress

Yes No In your best judgment, is the improvement in the student's condition likely to be sustained?

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

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 Other:

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

What responsibilities has the student undertaken or maintained during the time away from Boston University that suggests he/she is ready to return? Please keep in mind that the academic environment can be stressful.

Academic Enrollment Recommendations:

___ Student is ready to return to the unstructured, unsupervised and demanding academic environment on a full-time basis.

___ Client is not ready to resume full-time enrollment, but it is suggested that he/she enroll part-time.

___ Client is not yet ready to resume studies at 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 offers primarily short term care. If you anticipate that the student will require longer term treatment, we are available to advise regarding resources in the community and with 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. We welcome your comments and observations regarding the student and his/her ability to function safely, stably, and successfully at Boston University at this time.

DO NOT RETURN THIS FORM TO THE STUDENT

Please fax or mail completed form to:

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

Please direct questions or concerns to
Dr. Margaret Ross, Director of Behavioral Medicine
617-353-3569 or mross@bu.edu.

Thank you for partnering with BU Behavioral Medicine in caring for our students.