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

881 Commonwealth Avenue
T 617-353-3569 F 617-353-1128

Community Provider Report for Return from Medical Leave

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 attach additional documentation if you wish to expand on your responses to the questions below. We welcome your comments and observations regarding the student and his/her ability to function safely, stably,and successfully at Boston University.

Student Name:_____ **Student DOB:** _____

Healthcare Provider Name and Degree (printed): _____

Healthcare Provider Address: _____

Healthcare Provider Phone #:_____ **Email address:**_____

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

Current Diagnosis or Medical Condition patient was treated for:

Current Medications:

Current Functioning:

	Yes	No
There has been significant improvement in the student's original condition.		
The improvement in the student's condition likely to be sustained.		

I have seen improvement in:

____Number of symptoms ____Functional impairment_____Severity of symptoms____Subjective level of student distress
____Persistence of symptoms

For Behavioral Health Evaluations only

	Yes	No	N/A
Reduction in suicidal behaviors and/or suicidal ideation			
Reduction in self-injurious behaviors			
Reduction in substance abuse behaviors			
Reduction in failure to maintain minimum of 85% of ideal body			
Reduction in food purging or other potentially harmful behaviors used for weight management (e.g., use of laxatives, excessive exercise, etc.)			
Other:			

What evidence has the student demonstrated to suggest that he/she has increased ability to manage their illness and the demands of being a student? Please keep in mind that the academic environment can be stressful.

_____

_____

_____

_____

Academic Enrollment Recommendations (check one):

	Student is ready to return to the unstructured, unsupervised, and demanding academic environment on a full-time basis.
	Student is not ready to resume full-time enrollment, but it is suggested that he/she enroll part-time.
	Student is not yet ready to resume studies at Boston University.

Additional Comments:

Continued Treatment Recommendations (check one):

	Continued treatment is not recommended at this time.
	Client will remain in treatment with this provider.
	Treatment transitioned to another provider (include name:_____).

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:

_____ _____

Healthcare Provider Signature Date

Please return completed form to:

Boston University Student Health Services

881 Commonwealth Ave, West

Boston, MA 02215

Fax 617-353-1128 or Email to: SHSecure@bu.edu