

## Community Provider Report Form

This form is to be completed by the student's community physical or mental health clinician/service provider and mailed by the provider directly to: Director of Counseling and Psychological Services for psychological/psychiatric conditions or the Director of Student Health Services for medical conditions at the address indicted below.

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Clinician Name and Degree: \_\_\_\_\_

\_\_\_ Psychologist \_\_\_ Counselor \_\_\_ Social Worker \_\_\_ Psychiatrist

\_\_\_ Physician \_\_\_ Nurse Practitioner \_\_\_ Physician's Assistant

\_\_\_ Other: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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### **Treatment and Student Status**

Date of First Session: \_\_\_\_\_ Date of Last Session: \_\_\_\_\_

Total Number of Sessions: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

DSM Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Initial Treatment Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES NO Has the student complied with treatment recommendations?

Treatment Summary: \_\_\_\_\_

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Medications and Dosages: \_\_\_\_\_

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

YES NO Has there been a substantial amelioration of the student's original 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 student distress

YES NO Once achieved, has the substantially improved condition been maintained stably for three consecutive months?

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
YES	NO	N/A	Substance abuse behaviors
YES	NO	N/A	Failure to maintain weight at minimum of 90% 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	Other: _____

YES NO Once achieved, has the substantial reduction in safety related behaviors been maintained stably for three consecutive months?

**Academic Enrollment Recommendations**

\_\_\_ Client is ready to return to the unstructured and demanding academic environment on a full-time basis.

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

\_\_\_ Client is not yet ready to resume any academic enrollment.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Continued Treatment Recommendations**

\_\_\_ Continued treatment is **not** recommended at this time.

\_\_\_ Client will remain in treatment with this provider.

\_\_\_ Treatment should be transitioned to CCU Student Health Services or Counseling and Psychological Services.

\_\_\_ Treatment will be transitioned to another provider: \_\_\_\_\_

Additional treatment plan recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

**Certification of Readiness to Return**

I certify that the student is:

- medically or
- psychologically

able to return to Coastal Carolina University and to fulfill the fundamental responsibilities of academic and residential life.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

# DO NOT RETURN THIS FORM TO STUDENT

ALL forms should be returned to:

Center for Health and Well-Being  
Coastal Carolina University  
642 Century Circle  
Conway, SC 29526

**FAX: (843) 349-6546**

For Medical conditions,

Attn: Director of Student Health Services

For Psychiatric and Psychological conditions,

Attn: Director of Counseling and Psychological Services

## Questions may be addressed to:

Director of Student Health Services

(843) 349-6543

Director of Counseling and Psychological Services

(843) 349-6543