

Community Provider Assessment and Recommendation

Return from Mental Health Medical Leave

PLEASE COMPLETE THE FOLLOWING AND RETURN TO:

Nicole Muller, LCSW-R Director of The Counseling Center at Siena College
Phone: 518-783-2342 Fax: 518-786-5069

Note to the Licensed Provider: The student identified below has requested to return to Siena College following a medical leave for mental health reasons. The information you provide will be used to assist in determining the appropriateness of a return at this time. Please complete all sections of this form, sign and return it by fax as soon as possible. ****Documentation must be received 2 business days prior to student's return** to ensure necessary review and collaboration of college administrators.

Student Name: _____ **Date of Birth:** _____

Service Provision During Medical Leave: (check all that apply)

Number of attended sessions/ mental health visits while student on leave: _____

Type of Treatment Provided (check all that apply):

Individual Therapy Psychiatric Evaluation/Medication Management Detox/Substance Abuse Treatment Group Therapy Nutritional Consultation Other (please specify)

Assessment: Please provide your professional judgment in response to the following questions:

Yes No Have you observed an improvement in the student's psychological condition since their leave from Siena College?

Please check all that apply:

Student has made suicidal/homicidal threats or exhibited suicidal/aggressive acts *since their medical leave began*.

Student is currently reporting suicidal/homicidal ideation or intent to harm his/herself or others.

Student has engaged in behaviors that are disruptive to home/community *since their leave began*

Student has exhibited disordered eating *since their leave began*

Student is not currently engaging in any of the high risk behaviors above.

Based on your professional opinion, check all that apply:

If on medication, student can follow the prescribed regimen without monitoring

Student does not require supervision to ensure his/her safety,

Student is able to access help if necessary

*See reverse side (1 of 2)

In order to promote a safe, successful return to school, I recommend the following interventions (please initial all that apply):

Regular psychotherapy (weekly, bi-weekly)

Regular appointments with a provider of psychotropic medication

Student should be enrolled in additional specialized treatment with an outside provider (if current therapist does not have the necessary expertise or if additional care is needed)

eating disorder assessment and treatment

substance abuse assessment and treatment

medication management by a psychiatric provider

other _____

Dates of Follow up appointments: Therapy: _____ Psychiatry: _____
Specialist: _____

In the exercise of my best professional judgment, I make the following recommendations:

Student is appropriate to return to full-time academics and reside in on campus housing

Student is appropriate to return to full time academics but is not appropriate to reside on campus

Student is appropriate to reside on campus and return to academics with a reduced course load only. Specify number of classes _____

Student is not appropriate reside on campus but is appropriate to return to academics with a reduced course load only. Specify number of classes _____

Student is not appropriate to return to college at this time.

Other (explain): _____

If cleared for return, date of anticipated return: _____

***Please note, Siena College is primarily an in-person educational institution. Currently, there is no option or ability to switch an in-person class to remote learning.**

Licensed Professional Name: _____ **License Type:** _____

License Number: _____

Licensed Provider Signature _____ **Date** _____

Practice address: _____

Phone# _____ **Fax #** _____