Center for Student Wellness

505 Ramapo Valley Rd, Mahwah, NJ 07430-1680
Counseling Services: Phone 201-684-7522, Fax 201-684-7995
Valley Medical Group Health Services: Phone 201-684-7536 Fax 201-582-0044
https://www.ramapo.edu/csw/

Community Provider Report Form

NOTE: This form is to be completed by the student's community mental health clinician or medical provider and mailed, emailed or faxed by the provider to the appropriate unit (Counseling Services or Health Services) within the Center for Health and Counseling Services at Ramapo College of New Jersey.

This form should be received no later than August 1st for a planned fall semester return or December 1st for a planned spring semester return. Requests received after these deadlines may be considered depending on the circumstances that led to the late submission.

Please have the student sign an authorization to release patient information to the Center for Health and Counseling Services.

Provider Name:	
Provider Address:	
Provider Phone:	Provider Licensed As:
State of Licensure:	License #

Student Name:		
Initial Diagnosis (DSM or ICD-10):		
Current Diagnosis (DSM or ICD-10):		
Date of 1st Session:	Date of most recent session:	Total # of Treatment Sessions:
Current Medications: (Please provide dosages):		

Provide your professional judgment in response to the following questions regarding the above named student:

Has there been evidence of stabilization of the medical/psychological condition that precipitated the need for a MLOA

Yes☐ No ☐

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 Client Distress	

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Once achieved, how long has the substantially improved condition been maintained stably?

Please describe in as much detail as possible the evidence of stabilization of the medical/psychological condition.

Please describe the student's readiness to resume studies and be a successful member of the campus community, as evidenced by: 1) the ability to pay attention in class and not interfere with the rights of others to learn, sleep, and study; 2) complete assignments independently; 3) relate to diverse individuals; 4) carry on personal business without supervision; 5) live under only very general supervision and in the company of one or more other students (if assigned to a campus residence); 6) maintain reasonable standards of personal hygiene; and 7) refrain from violating provisions of the student Code of Conduct.

Would you recommend that the College provide any specific accommodations for the student's medical or mental health condition or modifications to the student's return to College (e.g., part-time academic status, commuter status, continued compliance with treatment plan, etc.)

Yes ☐ No ☐

If yes, please explain:

_____ _____
Provider Signature Date