



Counseling Services
 300 North Washington Street
 College Union Building
 Campus Box 424
 Gettysburg, Pennsylvania 17325 -1400

717.337.6960
 www.gettysburg.edu

Form 4

HOME HEALTHCARE PROVIDER RECOMMENDATIONS

Name of student: _____ Student Date of Birth: _____

Anticipated Date of Return: _____

****This form should be completed ONLY**

between April 15 and June 1 for return in the fall semester OR

between October 15 and December 1 for return in the spring semester.

The information requested below is to aid Counseling Services in evaluating this student's request to return to Gettysburg College following a Medical Leave of Absence/Withdrawal. Your comments are very useful to us. If you have any questions, please contact our office at 717-337-6960.

Please return this form to: Dr. Kathy Bradley; Director of Counseling Services;
 Campus Box 424; Gettysburg College; Gettysburg, PA 17325

To be completed by the treating professional.

Printed Name: _____ Credentials: _____

Address: _____

Phone: _____ Fax: _____ Date: _____

1. Please explain why this student engaged you in treatment.

8. Has the student been psychiatrically hospitalized (partial or full) since leaving the College? If yes, please provide dates and reasons for hospitalization:

9. What is your current diagnostic impression?

10. How stable is the student's condition?

11. What medications and present doses are prescribed?
 - a.
 - b.
 - c.

12. What medications have been tried and why are they no longer being used?
 - a.
 - b.
 - c.

13. What recommendations for further care have you made to this student now?

14. Can you identify any specific precipitants that could put this student at risk?

15. Were issues of alcohol and other drugs addressed? _____ Are there recommendations?

16. What additional support might benefit this student in his/her performance (e.g. special living situations, academic accommodations, structured activities, etc.)?

17. Will you continue to play a role in this student's care upon his or her return to school?

18. Please note any reservations you have about this student resuming residential study at this time.

19. Please note other important observations or comments:

(Signature)

(Date)