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**TREATMENT PROVIDER FORM**

Dear Provider: You have been asked to complete this form as part of the process by which students returning from extended time away from campus are transitioned back into the university. We want to ensure that students are able to participate in Northern Michigan University’s campus community, with or without reasonable accommodations, and that we put in place all that is necessary to help students be successful. Your assessment and recommendations are an integral part of this process. Please contact the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

if you have any questions or concerns.

**Please mail completed forms to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **or fax to our confidential fax line** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**PART I: TO BE COMPLETED BY STUDENT**

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application to be Reinstated to: □ Fall □ Winter □ Summer Year:\_\_\_\_\_\_\_

Provider(s) seen since withdrawal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hearby authorize \_\_\_\_\_ to obtain information from the treatment provider listed below for the purposes of evaluating my request to return to NMU. I understand that this authorization is voluntary and I may refuse to sign it. This authorization will expire 180 days from the date on which I sign it. I understand that I may revoke this authorization at any time by providing written notice to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II: TO BE COMPLETED BY TREATMENT PROVIDER**

Name of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the date(s) (i.e., beginning and end of treatment, and frequency) and type(s) of treatment provided.
2. (a) Do you have concerns about the student’s capacity to carry out substantial self-care obligations?

□ No concerns

□ Minor concerns

□ Moderate concerns

□ Student is unable or unwilling to carry out substantial self-care obligations

If you have indicated moderate concerns or believe that the student is unable or unwilling to carry out substantial self-care obligations, please explain below, including any recommendations on mitigating such concerns:

1. (b) Do you have concerns about the student as it pertains to their personal safety?

□ No concerns

□ Minor concerns

□ Moderate concerns

□ Student presents an actual risk of serious self-harm

If you have indicated moderate concerns or you believe the student presents an actual risk of serious self-harm, please explain below, including any recommendations on mitigating such concerns:

1. (c) Do you have concerns about the student as it pertains to the safety of others?

□ No concerns

□ Minor concerns

□ Moderate concerns

□ Student presents an actual risk of serious self-harm

If you have indicated moderate concerns or you believe the student poses a significant risk to the safety of others, please explain below, including any recommendations on mitigating such concerns:

1. Please tell us if continuing treatment is recommended upon return to school. (Be sure to specify the type, frequency, and duration of care you recommend, and the symptoms or functional difficulties that on-going treatment may need to address.)

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Revised 2/25/2021*