



**HOME HEALTH CARE PROVIDER (PHYSICIAN, THERAPIST, COUNSELOR)
RECOMMENDATION FOR STUDENT SEEKING TO RETURN FROM MEDICAL LEAVE
MESSIAH UNIVERSITY**

GUIDELINES FOR DOCUMENTATION OF TREATMENT

(To student:) It is recommended that you seek treatment with a licensed professional promptly after beginning your leave and complete the recommended course of treatment so that you can receive the maximum benefit from your medical leave. When you are ready to request to return, you must arrange for a written report to be sent to the Director of the Counseling and Health Services from a licensed provider.

The report needs to be comprehensive in following the guidelines below, because the purpose of the report is for the Engle Center to be able to make an accurate assessment of your ability to return successfully to the rigors of full-time academic work and participation in a residential college community. For the University to complete its assessment of your ability to return, you must grant consent to the University's counseling and health care professionals to speak with and receive other information from your treatment professionals. Submission of the report does not guarantee permission to return.

In addition to this report, you may also provide relevant supplementary information from any other health care provider who has played a role in your treatment.

Please share the following guidelines with your mental health treatment professional(s) during your first session. These guidelines will assist this professional in preparing a report that meets the University's standards. If you misplace this copy, the Engle Center will be happy to send another one to you and/or your clinician.

Once we receive the report and have completed our assessment, we will make a decision about your request to return.

Please note that a telephone call or brief letter simply indicating that you have received treatment will not suffice.

To be completed by treating professional:

Name of Student _____ Anticipated Date of Return to School _____

Treating Provider: _____ Credentials: _____

Address: _____

Telephone: _____ Fax: _____

1. Summary of treatment
 - a. Why student sought treatment
 - b. Type of treatment
 - c. Number of appointments
 - d. Medications, consultations with other professionals, and adjunct treatments
 - e. Compliance with treatment
2. Diagnosis/diagnostic impression.
3. Report of psychological testing or other non-interview evaluations, if performed.
4. Response to treatment including detailed description of resolution of difficulties that led to the Medical Leave from the University.
5. Evaluation of ability to function in a demanding residential university environment academically, socially, and physically.

6. Recommendations for continued treatment and/or accommodations (e.g. medication, reduced course load, ongoing therapy, residential living arrangements, change of major, etc.).

7. Will the student follow up with you or other health care providers while at Messiah or when returning home from breaks? If so, when is next follow up appointment?

8. Do you prefer that student follows up with our provider on campus? If so, when would you like follow up and how often?

9. Have you attached corresponding treatment records/labs/reports to allow for appropriate transfer of care or follow up?

Yes/No

10. Do you support the decision of this student to return to campus?

Yes/No

Signature of provider/credentials

Date

Report can be faxed to Messiah University Engle Center for Counseling and Health Services, Attn: Medical Leave, 717.691.2344.

You may also mail reports to this address:
Director of Counseling or Medical Director
Engle Center
Messiah University
One University Avenue Suite 3028
Mechanicsburg, PA 17055
ATTN: Medical Leave