QUESTIONS FOR PSYCHOLOGICAL PROVIDERS OF STUDENTS RETURNING FROM MEDICAL LEAVE
Please fax to The Wellness Center, Carleton College 507/222-5038

Name of Student:

Date:

Provider Information
Name:

Address:

Phone Number:

1. What has your treatment consisted of?
   a. Length –

   b. Type—

   c. Collaboration with other providers-

2. What was your diagnosis at intake? Presently? Are there ongoing treatment plans?

3. Current Medications:

4. What changes have you seen that would better able the student to attend college at this time?

5. How is this person likely to respond to high stress? Has the student considered how they can generalize the progress and changes made while at home to the stressful academic environment of Carleton?

6. Are there significant social, familial, or other stressors occurring in this person's life that we should be aware of?

7. Do you have any concerns about this person living in a residential-based setting?

8. What kinds of ongoing support will this person need upon return to campus (e.g., ongoing counseling, medication, reduced academic load, regular meetings with class dean, support from Academic Support Center or Disability Services, etc.)

9. Will you have any follow-up contact with the student, either while the student is at college or when the student returns home for breaks? If so, how can we best collaborate in this patient's care?

10. Is there anything else you think we should know?

11. Do you provide full psychological clearance for this student to return to campus? Yes _____ No _____