Medical Provider's Questionnaire
(Medical Leave)

Name/Credentials of Provider:_____

1. What was your client's initial diagnosis/ongoing diagnosis?
   Please send medical summaries and progress notes of the care received during leave.

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

3. Any concerns about this person living in a residential-based setting?

4. What kinds of ongoing medical support will this person need upon return to campus? (e.g., medical support, physical therapy, medication) Please provide ongoing and current treatment plan.

5. Will the provider have any follow-up contact with the student, either while the student is here or when the student returns home? If so, how can we best collaborate in this patient's care?

6. Is there any other information we should know?