



UNIVERSITY OF NOTRE DAME

UNIVERSITY HEALTH SERVICES

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Treatment Provider Readmission Questionnaire

Instructions: This form is to be completed only by the treating physician, psychiatrist, licensed psychologist or licensed professional counselor. Please respond to the questions listed below and attach a brief statement of recommendation for readmission on your office letterhead. Send the completed form and statement to the address indicated.

- 1) Full name of patient:
2) Are you a medical doctor? If so, what are your credentials?
3) Did you provide care or treatment for the above-named patient? Yes No
4) Has the patient been discharged/released from your care? Yes No
5) When did the treatment commence? Conclude
6) Describe treatment: (include any hospitalization)
7) Is the patient currently on medication? Yes No Describe:
8) In your estimation, will patient need to continue medication? Yes No Comments:
9) If the patient has not been discharged from your care, how long is the treatment expected to continue?
10) Have you referred the patient to continue care or treatment? Yes No. If yes, please indicate the name, address, and phone number of the individual or agency.
11) Why have you referred the patient to continue care or treatment?

12) If you have referred the patient for continuing care or treatment, do you believe he/she would be able to function appropriately as a student at the University of Notre Dame without that continued care or treatment? ____ Yes ____ No

13) Do you think this patient is capable of carrying a full academic load (12-18 credit hours) at the University of Notre Dame? ____ Yes ____ No

14) To your knowledge, are the parents and/or legal guardian of the patient aware of the problem(s) for which you have provided treatment? ____ Yes ____ No

Other comments: _____

Print Name of Treatment Provider

Signature of Treatment Provider

Date

Please remember to attach a brief statement of recommendation for re-admission using your office letterhead. Return to: Attention: William Stackman, Ph.D., Associate Vice President of Student Affairs, Readmissions, University Health Center; Room 201 Saint Liam Hall, Notre Dame, Indiana, 46556.

A readmission application will not be accepted for review unless it includes this completed questionnaire and letter of recommendation submitted on your letterhead.

This information is confidential and will be used as an aid to make a recommendation for readmission to the University of Notre Dame.