Date:____/____/____

Provider Assessment and Release Form

COUNSELING CENTER

To the provider of care for:_____

The above named student is required to provide a current evaluation by a qualified clinical provider attesting to his/her receipt of medical and/or psychological services, emotional and physical stability, and ability to safely return to class and/or resume living on campus.

All students wishing to return to campus following emergency room treatment or inpatient hospitalization must provide adequate documentation of ability to return to campus and a completed continuity of care plan. This information will be used to make a decision about returning to the university. Requests for accommodations based on a disability must be made by the student to the Services for Students with Disabilities Office in the Center for Student Success. Please use the attached form to complete your assessment and to make recommendations for follow-up care and treatment of this student. Please return as soon as possible, as this student's ability to return to RMU is contingent on the receipt of this information.

Please return this completed form via mail or fax to: **Tiffany Guthrie, MS, LPC, NCC**
Counseling Center Director

Mailing address:
Robert Morris University Counseling Center
6001 University Boulevard
Patrick Henry Center, Lower Level
Moon Township, PA 15108

Fax number:
412-397-5920

Note: Feel free to attach additional documentation on a separate sheet if necessary.

Name of Student: _____

Provider name and credentials:	
Address:	
Telephone number:	Fax number:
Email address: (optional)	
Date of last contact with student:	
Diagnoses or diagnostic impressions:	
Current medications, doses:	

Name of Student: _____

Summary of evaluations:
Nature of injury/illness - Physical injury or illness (please describe) - Suicidal or homicidal ideation - Self-injurious behavior - A/V hallucinations - Special considerations

Based on your assessment, is this student emotionally and/or physically stable and adequately supported to return to class and/or resume living on campus? Yes No

If no, please explain:

Please indicate below your recommendations for and arrangements with the student for follow up treatment. **Please note, the RMU Counseling Center no longer provides psychiatric treatment. Students who require psychiatric care must make arrangements with a provider in the area.**

1) Recommendations for continued treatment or therapy:

2) Has the student been referred to another provider in the University area? Yes No
   a. If so, please provide the following:

Provider name and credentials:	
Address:	
Phone number:	
Fax number:	

3) Other recommendations, concerns or comments:

Signature:_____ Date:_____

State and License Number: _____

Thank you for your time and attention to this matter.