



Hamilton College Return from Medical Leave of Absence Provider Form

Instructions: *This form is to be completed by a Licensed Medical Professional. Please respond to the questions listed below and, if appropriate, add additional information regarding treatment summary and/or treatment recommendations on your letterhead. Please submit completed form to studentsupport@hamilton.edu*

Please Respond to All Questions:

Full name of student: _____

Did you provide treatment for the above named student? Yes No

How many treatment sessions have you provided for the student (relating to this matter)? _____

When did the treatment commence? _____ Conclude? _____

Please indicate any specific treatment program student participated in while on leave (e.g., out/inpatient therapy, hospitalization, surgery).

While In your care, were medications prescribed? Yes No

If yes, please indicate medication(s) and dosage _____

Will the student remain on these medications when they return to Hamilton College? Yes No

If yes, what is the plan for medication management? _____

While in your care were there any safety concerns (suicide risk, homicide risk, etc.)? Yes No

If yes, please explain: _____



Has the above student successfully completed treatment?

Yes No

If no, please explain:

What are the continued care needs for this student? _____

Have you referred the student out for continuing treatment?

Yes No

If yes, please indicate the name, address, and phone number of the individual or agency:

Do you feel confident that the student is ready to return to the academic rigors and social responsibilities of a full time residential college student?

Yes No

Please explain: _____

Other comments to assist the student's successful transition to Hamilton College: _____

Signature of Treating Professional

Date

Name of Treating Professional (please print or type)

Phone Number

Address of Treating Professional

Please submit completed form to: studentsupport@hamilton.edu