COUNSELING CENTER

Dear Licensed Mental Health Professional,

Your client has taken a medical leave of absence for psychological reasons from Syracuse University. When this student is ready to return to Syracuse University, the student must provide verification from a licensed mental health professional that he/she has followed through with an appropriate course of treatment, that her/his condition has improved for a sufficient period of time, and that he/she is ready to resume full-time student status.

To help facilitate this process, please complete and return the following to the Syracuse University Counseling Center:

1. Licensed Mental Health Professional Readmission Questionnaire (enclosed)
2. A brief treatment summary on office letterhead that recommends resuming full-time study at Syracuse University

Send to:
Syracuse University Counseling Center
Attn: MLOA
200 Walnut Place
Syracuse, NY 13244-2480

Additionally, to facilitate this process, please obtain a release of information signed by the student permitting you to speak with a therapist from the Syracuse University Counseling Center regarding the student's course of treatment and continued care recommendations. Our communication with you in this matter will be essential in the readmission process for the student.

We appreciate your help. If you have any questions, please feel free to call the SU Counseling Center at 315.443.4715.

Sincerely,

Cory Wallack

Cory Wallack, Ph.D.
Director, Syracuse University Counseling Center

COUNSELING CENTER

Licensed Mental Health Professional Readmission Questionnaire

Instructions: *This form is to be completed by a <u>Licensed Mental Health Professional</u>. Please respond to the questions listed below and attach a brief statement of recommendation for readmission and a treatment summary on your office letterhead.*

Please Respond to All Questions

Full name of student:_______________________________________ Student's DOB:______________________

Profession/ Credentials:____

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)?______________________

Please indicate any specific treatment program student participated in while on leave. (E.g. Outpatient therapy, Partial hospitalization, inpatient etc)____

____

____

____

Has the above student completed treatment? ☐ Yes ☐ No

Are you continuing to provide treatment? ☐ Yes ☐ No If not, was treatment successfully completed? ☐ Yes ☐ No

When did the treatment commence?________________________ Conclude?____________________________

If the client has not completed treatment, how frequently will she/he need to see you?________________________

____

____

In your care of this student were medications prescribed? ☐ Yes ☐ No

If yes, please indicate medication(s) and dosage:____

Will the student remain on these medications when he/she returns to Syracuse University? ☐ Yes ☐ No

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

____

____

Have you referred the student for continuing treatment? ☐ Yes ☐ No

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

____

____

What are the continued care needs for this student?

____

____

____

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

If yes, please explain:____

____

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

Other comments to assist the student's successful transition to Syracuse University:______________

____

____

____

Name of Treating Professional (please print or type):_______________________________

Phone # of Treating Professional:_____________________

Address of Treating Professional:_______________________________________

____

X____ **Date:**__________________

Signature of Treating Professional

**Please remember to attach a brief statement of recommendation for readmission on your office letterhead and a treatment summary.*

Return to:
Counseling Center
Attn: MLOA
200 Walnut Place
Syracuse, NY 13244-2480.

The student will not be able to be readmitted to Syracuse University without these materials.