

GANNETT HEALTH SERVICES
Cornell University
Ho Plaza , Ithaca, New York 14853-3101
607) 255-5155 Fax 254-5244
Counseling and Psychological Services

Community Provider Report Form

NOTE: This form is to be completed by the student's community mental health clinician/service provider and mailed to the following address:

HLOA Committee, Gannett Health Services, Ho Plaza, Ithaca, NY 14853-3101

Clinician Name _____

Student Name _____

Profession Licensed as _____

Date of First Session _____

License # _____

Date of Most recent Session _____

State of Licensure _____

Total # of Treatment Sessions _____

Initial DSM Axis I Diagnosis _____

GAF score at start of treatment: _____

Current DSM Axis I Diagnosis _____

Current GAF score: _____

Please provide your professional judgment in response to the following questions regarding the student named above.

Yes No Has there been a substantial amelioration of the student's original health/psychological condition?

If yes, please check all of the following that you have observed a marked reduction of in this student:

- Number of symptoms
- Severity of symptoms
- Persistence of symptoms
- Functional impairment
- Subjective level of client distress

Yes No Once achieved, has the substantially improved condition been maintained stably for three consecutive months?

Has there been a substantial reduction of any of the following safety related behaviors the student may have been engaging in?

- Yes No N/A Suicidal behaviors
- Yes No N/A Self injury behaviors
- Yes No N/A Substance abuse behaviors
- Yes No N/A Failure to maintain weight at minimum of 90% of Ideal Body Weight for height
- Yes No N/A Food binging
- Yes No N/A Food purging or any other potentially harmful compensatory behaviors used for weight management (e.g., use of laxatives, excessive exercise, etc.)
- Yes No N/A Other: _____

Yes No Once achieved, has the substantial reduction in safety related behaviors been maintained stably for three consecutive months?

Clinician Signature

Date

Please use the back of this page or attach additional documentation if you wish to expand on your responses to the questions above and/or to record any other comments or observations you may wish to make regarding the student and his or her ability to function safely, stably, and successfully as a full time university student at this time.