



RESIDENTIAL HOUSING

Provider Report Form
OHIO UNIVERSITY
Department of Residential Housing
060 Chubb Hall, Athens, Ohio 45701
Phone: (740) 593-4090 Fax: (740) 593-4089

NOTE: This form is to be completed by the student's physician/mental health clinician/service provider and either faxed or mailed directly to the following address: *Ohio University Residential Housing Office, 060 Chubb Hall, Athens, Ohio 45701 Attention: Jneanne Hacker, Assistant Director*

Clinician Name: _____ Student Name: _____

Licensed As: _____ Student PID #: _____

License #: _____ Date of First Visit: _____

State of Licensure: _____ Date of Most Recent Visit: _____

Total Number of Visits : _____ (within the past 3 months)

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

In order for the Assistant Director to objectively evaluate the need for housing or dining exemption/termination, please provide detailed information related to the medical/psychological condition of the student. Please send a written assessment on clinical letterhead, which includes the initial on-set of the condition, type, frequency and severity of symptoms, and treatments or medications necessary to alleviate symptoms. In addition, please outline the type of living environment, dietary restrictions, special dietary needs, or any additional amenities that the student might need in order to enhance their quality of living and/or their nutritional requirements. The written assessment and this document may be mailed or faxed (see information above).

In addition, please answer the following questions below:

___ Yes ___ No Has there been a substantial decline of the student's original medical/psychological condition within the last three months?

If yes, please check any or all of the following observations within the last three months:

- ___ Increase in the number of symptoms
- ___ Increase in the severity of symptoms
- ___ Persistence of symptoms
- ___ Decreased functional impairment
- ___ Increase in the subjective level of client distress

___ Yes ___ No If applicable, has the student been tested for the allergies as part of their evaluation of the above?
If yes, please provide date of testing and attach results.

Please Note:

- Food allergies require a detailed list be submitted of the food items that the student can/cannot tolerate.
- Allergies resulting in rhinitis or bronchial asthma require a recommendation for appropriate living environment (i.e. air-conditioning, controlled environment, air purifier, etc.)