

Treatment Summary and Recommendations
for Consideration of
Readmission to the University after a Medical Withdrawal

When a student takes a medical withdrawal from the University of Richmond, the student is expected to get appropriate treatment for the problem necessitating the withdrawal during her/his absence from campus. Before the dean of the student's respective school may make a decision regarding the appropriateness of readmission, the student's treating health care professional(s) must provide information to the University for the purpose of assessing the student's readiness to return to her/his academic program and, if applicable, residential living. A medical withdrawal typically occurs for at least an entire semester (the summer session may count as a semester). For example, if a student medically withdraws late in the Fall semester, he/she may need to take the Spring semester off as well before applying to return.

The following information must be submitted to Counseling and Psychological Services (CAPS) for review. A recommendation regarding readmission will be made to the appropriate dean's office following evaluation of the information. Only CAPS and the Student Health Center staff will keep a copy of the completed form below. If you have questions regarding this process, please contact CAPS staff at (804) 289-8119.

Name of Patient/Client: _____ Date of Birth: _____

Profession of Treatment Provider:

- Board Certified Physician
- Board Certified Psychiatrist
- Licensed Psychologist
- Other Mental Health Professional (specify: _____)

Professional license #: _____

Name of Treatment Provider: _____

Address: _____

Telephone: _____

Signature _____ Date: _____

Date treatment began: _____ Date treatment ended: _____ Total # visits: _____

Diagnosis (including DSM, if applicable) and description of problem(s) treated:

Student's level of cooperation with treatment:

- Student failed to comply with recommended treatment
- Student partially complied with recommended treatment
- Student fully complied with recommended treatment

Please explain, briefly:

Treatment Summary (i.e. What issues have been addressed in therapy? What objectives have been accomplished):

Describe the changes in student cognition, behavior, and/or physical condition that indicate the student is ready to resume a full academic course load, the pressures of residential living (if applicable), and independent living in this unstructured university setting:

Recommendations for follow-up treatment in the Richmond area, including medication (if any). Please include whether or not you plan to continue to work with the student, and on what basis:

What is your estimate of the risk of relapse if the recommended follow-up care is not available, or is not accessed by the student?

Please mail or fax this form to: **Counseling & Psychological Services**
201 Richmond Hall
University of Richmond, VA 23173
Phone: (804) 289-8119 Fax: (804) 287-1227