



Provider Form for **Reenrollment** following a Medical Withdrawal

****Please Note: All health providers for this student must fill out a separate reenrollment form.**

Student Name: _____ Student B Number: _____

Student Phone Number: _____

(Please write legibly)

Date: _____

Provider Information:

Name and credentials: _____

License Number: _____

Business Address: _____

Phone and Fax Numbers: _____

Patient Information:

Patient's Name and Date of Birth: _____

Date of Medical Withdrawal: _____

Diagnosis and Reason for Medical Withdrawal: _____

Current Diagnosis and evidence of functional improvement since withdrawal: _____

Date of Patient's initial appointment with you: _____

Date of Patient's most recent appointment: _____

Are there any concerns you have regarding the patient's safety or their ability to function as a student at Binghamton University? _____

In your professional opinion is the patient able to return to college at this time? _____

Student Name: _____ Student B Number: _____

What semester are you recommended return? ____ Fall ____ Spring

Should the patient resume full-time course work or is part-time coursework recommended? _____

Does the patient require any assistance through the Students with Disabilities Office? ____ If yes please refer to the documentation requirements at the following web address:

(<https://www.binghamton.edu/ssd/>).

Treatment Recommendations

1. What is your recommendation for treatment while they are a student (ex. Appointment frequency, medication management, therapy)? _____

2. Does the patient plan to continue care through your office? _____

3. If the patient does not plan to continue care through your office, have you and/or the patient been in contact with providers in Binghamton or at the University to arrange for follow-up care?

Yes _____ No _____ N/A (does not require continued treatment) _____

If yes, where is the student to be seen while at school? _____

Provider Signature: _____ Date Signed: _____

Please **Fax** this form to Binghamton University Decker Student Health Services Center at **607-777-2881**.
(Phone number 607-777-2221.)