

RETURN FROM MEDICAL LEAVE OF ABSENCE

Healthcare Provider Report

The attached Healthcare Provider Report is to be completed by a healthcare provider/s who has treated you during your leave. If you received care from more than one clinician, please ask the clinician with whom you have worked most recently to complete this form.

This information will be stored in a private case file in our case management system. This form is not considered confidential so you may need to sign a release of information (ROI) from your provider for them to be able to share this information with us.

Student Checklist to Return:

- Complete the Healthcare Provider Report
- Submit the [Medical/Health Information form](#) on or before the following deadlines below:
 - July 1 for Fall semester
 - December 1 for Spring semester
 - April 1 for Summer semester
- Complete the [Returning Student Intent Form](#), preferably before course registration for the semester you intend to return so that you are given a Registration time. Conservatory students skip this step.
- International students only: Review the [Returning International Student Information](#) and be in contact with the International Student Services Office.
- The medical withdrawal/leave of absence may have impacted your [Satisfactory Academic Progress \(SAP\)](#). If you have an active SAP status, please be sure to complete the action items required of that status. If you were placed on SAP Suspension or Dismissal, [submit an appeal](#) prior to returning. Reach out to your Student Success Advisor or successadvising@berklee.edu with any questions.

Berklee Health and Wellness

Berklee College of Music | Boston, MA

Student Name _____ Student DOB _____
(first, last/family) (mm/dd/yyyy)

Healthcare Provider Name and Degree _____

Healthcare Provider Phone _____ Email _____

Healthcare Provider Address _____

Dates of Treatment: from _____ to _____

Semester for Requested Return: _____

Current diagnosis or medical condition patient was treated for:

Current medications:

Is the student aware of how to continue refilling these medications? Yes _____ No _____

Treatment Modalities:

	Individual therapy		Inpatient hospitalization		Eating disorder treatment
	Group therapy		Day treatment (IOP, PHP)		Nutrition counseling
	Medication management		Residential treatment		Substance use treatment
	PT/OT		Outpatient medical care		

Other:

Current functioning:

	Yes	No
There has been significant improvement in the student's original condition		
The improvement in the student's condition is likely to be sustained		

I have seen improvement in:

	Yes	No	N/A
Number of symptoms			
Functional impairment			
Severity of symptoms			
Subjective level of student distress			
Persistence of symptoms			

Academic enrollment recommendations (select one):

<input type="checkbox"/>	Student is ready to return full-time to the academic environment on an unstructured and unsupervised basis
<input type="checkbox"/>	Student is not ready to resume full time enrollment but can return on a part time schedule
<input type="checkbox"/>	Student is not yet ready to resume studies in any capacity

Additional Comments:

Continued treatment recommendations (select one):

<input type="checkbox"/>	Continued treatment is not recommended at this time
<input type="checkbox"/>	Student will remain in treatment with this provider
<input type="checkbox"/>	Treatment has transition to another provider Name: _____ Role: _____

Note: Berklee College of Music provides short-term care. If you anticipate that the student will require longer term or intensive treatment, we recommend you make a referral to a community provider.

Additional recommendations:

Healthcare Provider Signature

Date (mm/dd/yyyy)

Please email completed form to:
Berklee College of Music- Case Management
Healthandwellness@berklee.edu
OR
Email directly to your assigned case manager