

W&M Student Accessibility Services General Provider Form

To be completed by student's health care provider.

Student name: _____ Date of birth: _____

1. Please provide all information regarding the student's diagnosis.

Diagnosis #1 (Primary)			<input type="checkbox"/> Mild
Original Date of Diagnosis:	Is the condition permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No, duration: _____	Is condition disabling? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Moderate
Symptoms:			<input type="checkbox"/> Severe
Diagnosis #2			<input type="checkbox"/> Mild
Original Date of Diagnosis:	Is the condition permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No, duration: _____	Is condition disabling? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Moderate
Symptoms:			<input type="checkbox"/> Severe
Diagnosis #3			<input type="checkbox"/> Mild
Original Date of Diagnosis:	Is the condition permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No, duration: _____	Is condition disabling? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Moderate
Symptoms:			<input type="checkbox"/> Severe
Diagnosis #4			<input type="checkbox"/> Mild
Original Date of Diagnosis:	Is the condition permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No, duration: _____	Is condition disabling? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Moderate
Symptoms:			<input type="checkbox"/> Severe

2. Explain the functional limitations caused by the student's symptoms.

3. Please provide information related to the student's care and treatment plan, including any prescribed medications.

Is the student currently under your care? Yes, last seen on _____ No, care ended on _____

4. Please attach or provide any of the following, if available.

Neuropsychoeuducational/Psychoeducational testing Clinical Summary Standardized rating scales Other

5. Provider information: I certify that the information I am providing is true and correct to the best of my knowledge.

Name		(stamps welcome)
Title		
License		
Email		
Phone		

Signature: _____ Date: _____

Important: If the student is requesting the following, please check below and include the associated addendum:

Academic Housing Service or Emotional Support Animal Parking & Transportation