

Rush University Student Disability Assessment Team
600 South Paulina Street, Suite 440
Chicago, Illinois 60612

Documentation for Psychiatric Condition/Disability

STUDENT:

Last Name:	First:	MI
Date of Birth:	Phone:	
Address:		

CERTIFYING MENTAL HEALTH PROFESSIONAL:

Name:	
Professional Title:	Highest degree:
Phone:	E-mail:
Address:	
Licensing credential, number and state:	

Report Date:	Date of first student contact:	Date of last student contact:
DSM IV diagnosis(es):		
Axis I		
Axis II		
Axis V		
In your opinion, does any condition listed above <i>substantially limit a major life activity</i> and thereby rise to the level of disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>		
If yes, indicate which one (s) with an asterisk above and indicate the major life activity(ies) here:		

Brief History: (include onset of symptoms, hospitalizations, relevant family history and any previous accommodations)

PLEASE CONTINUE

Symptoms that limit functioning: (indicate degree of limitation for each – mild, moderate, severe):

Recommended accommodations in school? Yes ☐ No ☐

If yes, please specify and give a rationale for each recommendation:

Medication/treatment

Does this student take any medication(s) or require any type of treatment that may adversely affect performance of behavior? Yes ☐ No ☐

If “yes” please list and explain effect:

Current compliance with treatment plan?

	POOR	GOOD	EXCELLENT	UNKNOWN	N/A
Current prognosis for functioning effectively in professional school:					
	POOR	GOOD	EXCELLENT	UNKNOWN	N/A

PLEASE CONTINUE

Additional clinical commentary:

In your opinion, how often should this student be reevaluated?

3 months

6 months

1 year

Other (specify)

Safety:

In your opinion, does this individual represent a potential danger to self or others, *including patients under his or her care in a medical setting*: Yes ☐ No ☐ Not sure ☐

If “yes” or “not sure,” PLEASE DISCUSS above under clinical commentary or on attached letterhead.

Signature: _____ Date: _____