



TREATING HEALTHCARE PROFESSIONAL QUESTIONNAIRE

This form is to be completed by the treating physician, other M.D., licensed mental health provider, or other qualified health care provider. Please respond to the questions listed below and attach a brief statement concerning whether this student is prepared to resume full-time study and a treatment summary on your office letterhead. Send the completed form and statement to:

Dr. Niki Latino
University of Denver
2050 E. Evans Ave, Ste 30
Denver, CO 80208
303.871.3331 (fax)
303.871.2455 (phone)
Niki.Latino@studentlife.du.edu

Please address all of the following questions/issues in your documentation:

1. Name of the student/patient.
2. Your professional standing (example: Psychiatrist, MD, Licensed Mental Health Provider).
3. A treatment summary. Please include the following:
 - a. Time span and type of treatment provided – please include date that treatment began and if it has concluded, the date it concluded.
 - b. Indicate if the treatment was concluded with or without your approval.
 - c. Identify any specific intensive treatment the student participated in while on leave.
4. If patient has completed or will be continuing treatment:
 - a. If treatment is not concluded, please indicate plan for treatment if student/patient returns to full-time study
 - b. If student/patient has been referred for continued treatment, please identify referral.
5. Any continuing care needs or concerns for the student/patient.
6. Your professional opinion regarding the patient/student's ability to function as a full-time student at the University of Denver with or without continued treatment.
7. Any safety concerns for the student/patient.
8. Please note if, to your knowledge, parents and/or legal guardian(s) of the patient are aware of the problem(s) for which you have provided treatment.
9. Any other comments you deem appropriate or helpful in transitioning the student/patient back to full-time academic study at the University of Denver.
10. Sign and date the document and return via fax or mail.