



Barnes Center at The Arch
Attn: Counseling
150 Sims Drive, St. 302
Syracuse, NY 13244

Dear Licensed Mental Health Professional,

Your client has taken a medical leave of absence for psychological reasons from Syracuse University. When this student is ready to return to Syracuse University, the student must provide verification from a licensed mental health care professional that they have followed through with an appropriate course of treatment, that their condition has improved for a sufficient period of time and that they are ready to resume full-time student status. Please complete the following and return by mail to the address listed above or by fax to 833.780.1937.

- Licensed Mental Health Care Professional Readmission Questionnaire (enclosed).
- A brief treatment summary on office letterhead that recommends resuming full-time study at Syracuse University.

Additionally, to facilitate this process, please obtain a release of information signed by the student permitting you to speak with a therapist from the Syracuse University Barnes Center at The Arch Counseling team regarding the student's course of treatment and continued care recommendations. Our communication with you in this matter will be essential in the readmission process for the student.

We appreciate your help. If you have questions, please call Barnes Center at The Arch Counseling at 315.443.8000.

Sincerely,

Cory Wallack, Ph.D.
Executive Director of Health and Wellness
Barnes Center at The Arch

Barnes Center at The Arch Counseling

150 Sims Drive, Ste. 302, Syracuse, NY 13244

T 315.443.8000 syracuse.edu/BeWell

Licensed Mental Health Professional Readmission Questionnaire

This form is to be completed by a Licensed Mental Health Professional. Please respond to the questions listed below and attach a brief statement of recommendation for readmission and a treatment summary on your office letterhead. The student will not be able to be readmitted to Syracuse University without these materials. Please respond to all questions.

Full name of student:

Student's date of birth:

Profession/credentials:

Did you provide treatment for the above named student?

How many treatment sessions have you provided for the student (relating to this matter)?

Please indicate any specific treatment program the student participated in while on leave (e.g. Outpatient therapy, Partial hospitalization, inpatient etc.).

Has the above student completed treatment?

Are you continuing to provide treatment?

If not, was treatment successfully completed?

When did the treatment commence?

When did treatment conclude?

If the client has not completed treatment, how frequently will they need to see you?

In your care of this student were medications prescribed? If yes, please indicate medication and dosage.

Will the student remain on medication when they return to Syracuse University?

If yes, what is the plan for medication management?

Have you referred the student for continuing treatment? If yes, please indicate the name, address and phone number of the individual or agency.

What are the continued care needs for this student?

While in your care were there any safety concerns (e.g. suicide risk, homicide risk, etc.)? If yes, please explain.

To your knowledge, are the parents and/or legal guardian(s) of the student aware of the problem for which you have provided treatment?

Other comments to assist the student's successful transition to Syracuse University.

Name of Treating Professional (please print or type):

Phone number of Treating Professional:

Address of Treating Professional:

Signature of Treating Professional:

Date: