

Request to Re-Enroll following Withdrawal from the University

Instructions: The following form, to be completed both by the student and a licensed health care provider, will assist UVA Student Health and Wellness in determining a student's readiness to return to the University. Student Health and Wellness uses the following criteria in making these determinations:

1. Has the student engaged in treatment with a licensed health care provider resulting in amelioration of the health condition that prompted the student's withdrawal from the University?
2. Would the student's return to the University pose a risk of harm to self or others?
3. Has the student, in collaboration with their health care provider, developed a treatment plan that supports a successful return to the University? Does that plan reflect the provider's recommendations? Students and providers should include as much detail as possible when completing this form. Sparse or inadequate information can delay the re-enrollment process.

Students who did not receive treatment during their time away from the University and/or do not have a current licensed health care provider who can complete this form may contact a Student Health and Wellness Care Manager for assistance in identifying and connecting with treatment providers.

Students returning from withdrawal often have ongoing care needs. It is best to put plans in place to meet these needs as soon as possible. Student Health and Wellness offers the following services:

- Counseling and Psychological Services provides brief individual therapy, group therapy, psychiatry, care management, and crisis services. We recommend that students returning to the University with ongoing care needs set up their treatment prior to their return. Students can access information on community providers on the [CAPS website](#).
- Medical Services provides primary care to students and can help to coordinate care among specialists. We also recommend that students returning to the University with ongoing care needs set up their treatment prior to return.
- Care Managers can help assist returning students and/or their current providers with identifying resources and providers. Care Managers can be reached in Counseling and Psychological Services (CAPS) by calling 434-243-5150 or in Medical Services by calling 434-982-3915.
- Student Disability Access Center provides a wide range of individualized services and accommodations for students with disabilities in order to provide an inclusive and accessible educational experience. Common accommodations include exam accommodations, note taking assistance, advocacy with attendance and assignment due dates, and housing-related accommodations. Students can apply online to begin the intake and eligibility process: www.studenthealth.virginia.edu/sdac.

Students must submit completed forms to UVA Student Health and Wellness by the appropriate deadline outlined on the [Reenrollment Information webpage](#). Students may submit completed forms to the [HealthyHoos Patient Portal](#) or fax to UVA Student Health and Wellness at 434-982-4262, Attn: Reenrollment Request.

1: Student Information (to be filled out by student)

Student Name: _____ DOB _____ ID#: _____

Current Address: _____

Telephone/Cell: _____ E-mail _____

I withdrew: Fall Spring Summer Year _____

Was this a retroactive withdrawal? Yes No

I wish to reenroll: Fall Spring Summer Year _____

Full-time Part-time

Please provide a brief summary of the reason for withdrawal:

Please identify your health care provider(s) during withdrawal:

Please provide evidence of progress indicating readiness for your successful return to the University:

**You may attach an additional pages if needed*

Please identify additional support needed for a successful return to the University:

Do you plan to continue treatment upon your return to UVA? Yes No

Please arrange appointments with providers (including specialists) prior to your return.

List names and dates of next appointments with providers who will be assuming your care:

Name _____ Type/Date of next Appointment _____

Name _____ Type/Date of next Appointment _____

Do you need help from Student Health and Wellness in identifying Charlottesville providers?

Yes No

Part 2: Student Consent to Exchange Health Records

(to be filled out by student)

Consent for Communication with Office of the Dean of Students/Academic Dean

I, _____, hereby provide permission for a UVA Student Health and Wellness professional to communicate with the Office of the Dean of Students (ODOS) and my Academic/Association Dean, named here _____, solely for the purpose of providing recommendations pertaining to my withdrawal and reenrollment. As part of that recommendation, I understand that the information in my health record pertaining to my withdrawal, readiness for return, or recommendations for ongoing care may be shared. If my Academic/Association Dean is not available or on leave, a Student Health and Wellness professional may speak with their designee.

Student Signature: _____ Date: _____

Consent for Communication with Health Care Provider

I, _____, hereby provide permission for a UVA Student Health and Wellness professional to communicate with the health care provider(s) who provided this documentation for reenrollment to UVA solely for the purpose of obtaining information pertaining to my withdrawal, readiness for return, or recommendations for ongoing care.

Student Signature: _____ Date: _____

Consent for Email Communications

I, _____, hereby give permission for a Student Health and Wellness professional to communicate with me and the above stated parties through email. I understand that email is not a secure means of communication and that UVA Student Health and Wellness cannot guarantee my health information relevant to reenrollment recommendation will not be accessed or read by individuals other than the named recipients. If you do not wish to provide permission to communicate by email, communications will occur by phone.

Student Signature: _____ Date: _____

This authorization of release pertains only to the above-specified information and to the above-specified parties. I also understand that I may revoke this authorization at any time in writing except to the extent that Student Health and Wellness has already taken actions in reliance on it, and that the authorization will remain valid until revoked or upon completion of the Reenrollment process.

Note to students: Please regularly check your UVA email and HealthyHoos Patient Portal for communications regarding your reenrollment.

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Part 3: Provider Assessment & Recommendation

(pages 4 & 5 to be filled out by provider. Please write very legibly and attach relevant records)

Student Name: _____ DOB: _____

HEALTH CARE PROFESSIONAL PROVIDING THIS REPORT:

Name and Credentials: _____

- Primary Care Provider Psychiatric Provider Psychologist Social Worker
 Counselor Other (Specialist): _____

Business Address: _____

Phone: _____ Fax#: _____

TREATMENT (please attach additional pages as needed):

Dates: Initial appointment: _____ Most recent appointment: _____ Next appointment: _____

Total number of times patient was seen by you since medical leave: _____

Patient's **symptom picture** and **initial diagnosis** following withdrawal from the University:

Summary of Treatment:

Prescribed medications and dosages (by whom): _____

Please share evidence of amelioration of the condition which was the cause for withdrawal from the University (*attach additional pages if needed*):

Describe any remaining functional, physical, social, or emotional difficulties that need to be addressed: _____

ASSESSMENT:

Current diagnoses of patient (ICD10 or DSM V): _____

Do you have concerns about the student's capacity to carry out substantial self-care obligations?

- No concerns Minor concerns Moderate concerns
 Student will require assistance to meet some self-care needs and will be responsible for making these arrangements

Do you have concerns about the student as it pertains to their personal safety?

- No concerns Minor concerns Moderate concerns
 Student presents an actual risk of serious self-harm

Do you have concerns about the student as it pertains to the safety of others?

- No concerns Minor concerns Moderate concerns
 Student poses a significant risk to the safety of others

Your recommendation regarding patient's readiness to return to academic enrollment:

- Full-time enrollment Part-time enrollment Not ready to resume academic enrollment

Please elaborate, if not ready to reenroll: _____

Please specify if reasonable academic accommodations are recommended (housing, academic): _____

RECOMMENDED TREATMENT PLAN:

Please describe frequency, duration, and types of treatment you recommend for student at this time:

Will the student require continued prescription medications? Yes No

If yes, what medications and dosages? _____

Patient will remain in treatment with current provider(s). Next appointment: _____

Patient has follow up treatment scheduled with another provider:
Name _____ Date of next appointment: _____

Patient will need assistance to be transitioned to Charlottesville provider(s)

Continued treatment is not necessary at this time.

Signature of Provider

Date

***Additional relevant visit/discharge summaries, recent labs/imaging, and medication lists may be faxed to
UVA Student Health and Wellness, Attn: Health Leave & Reenrollment
PO Box 800760, Charlottesville, VA 22908-0760, FAX to (434) 982-4262***