Medical Care Provider Verification Form

This form has been sent to you because a student at Brandeis has or is planning to request housing accommodations for medical needs. An important part of the accommodations process is acquiring appropriate documentation that establishes the nature and severity of an individual’s disability or disabilities. Completing this form (this includes uploading appropriate reports and evaluations) will help the Housing Medical Accommodations Review Committee determine appropriate accommodations in a timely manner. The student making this request should have emailed a copy of their Accommodation Request along with the link to this form. Please refer to this form for a better understanding of what the student is hoping to document and what specific accommodations they are seeking.

Please take note of the following as you complete this form:

1. The evaluation must be current (this is determined based on the specific disability). As a general guideline, we ask that mental health diagnoses be within 6 months from the date of submission of this form and within 1 year for most physical conditions.*

*Due to COVID-19, we will give some leeway around these parameters.

2. The evaluation must be conducted by a qualified professional. Examples include, but are not limited to: audiologist, medical doctor, optometrist, psychiatrist, psychologist, therapist, social worker, speech-language pathologist.

3. The medical care provider should have training or expertise in the condition which they are speaking about.

4. The medical care provider may not be a relative or family member of the student.

5. All documentation provided must be in English.

Please complete all sections of this form. You will also have the opportunity to upload any other documents or information (e.g., audiogram, neuropsychological evaluation, etc.) you think would be relevant in determining the student’s housing accommodations. It is critical that you upload all supporting information. In accordance with the Family Educational Rights and Privacy Act (FERPA) regulations the information you provide will be kept in the student’s electronic file with the Department of Community Living, where it will be held securely and confidentially. The information may be shared with members of the HMARC, which includes staff from the Department of Community Living, Student Accessibility Support, the Brandeis Health Center, the Brandeis Counseling Center, and the Office of Equal Opportunity.

If you have questions regarding the information being requested on this form, please contact:
Department of Community Living
Usdan G032
Brandeis University
415 South Street, MS 220
Waltham, MA 02453
781-736-5060
dclaccommodations@brandeis.edu

Q2. Your Information

Q3. Name of practitioner
Q4. Degree/specialty

Medical Specialty

Q5. Phone Number

0008675309

Q6. Email address

example@brandeis.edu

Q7. Medical License

State Issued

MA

Number

1234567

Q8. Student Information

Q9. Name of the student:

Louis Brandeis

Q10. How long has the student been under your care?

- Less than 1 month
- Between 1 to 6 months
- Between 6 months to 1 year
- Approximately 1 to 2 years
- Approximately 2 to 3 years
- Approximately 3 to 4 years
- Approximately 4 to 5 years
- Over 5 years
Q11. When was the last time you saw the student for consultation or treatment?

January 1, 2021

Q12. Primary diagnosis, including diagnostic criteria if applicable (DSM, ICD):

Diagnosis example

Q13. Date of primary diagnosis:

January 1, 2021

Q14. What methods were used to make the diagnosis?

- Developmental history
- Interviews
- Interviews with other people
- Medical history
- Medical tests
- Observations
- Psychological testing
- Rating scales
- Other

Q15. How long is the condition likely to persist?

- Lifetime
- 5 years
- 1 academic year
- 1 semester
- 1 month
- Other, please specify

Q16. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).
Q17. Does the student have any additional, relevant diagnoses?

- Yes
- No
- Unsure

Q18. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

*This question was not displayed to the respondent.*

Q19. Date of additional diagnosis

*This question was not displayed to the respondent.*

Q20. What methods were used to make the diagnosis?

*This question was not displayed to the respondent.*

Q21. How long is the condition likely to persist?

*This question was not displayed to the respondent.*

Q22. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

*This question was not displayed to the respondent.*

Q23. Does the student have any additional, relevant diagnoses?

*This question was not displayed to the respondent.*

Q24. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

*This question was not displayed to the respondent.*

Q25. Date of additional diagnosis

*This question was not displayed to the respondent.*

Q26. What methods were used to make the diagnosis?

*This question was not displayed to the respondent.*
Q27. How long is the condition likely to persist?

This question was not displayed to the respondent.

Q28. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

This question was not displayed to the respondent.

Q29. Does the student have any additional, relevant diagnoses?

This question was not displayed to the respondent.

Q30. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

This question was not displayed to the respondent.

Q31. Date of additional diagnosis

This question was not displayed to the respondent.

Q32. What methods were used to make the diagnosis?

This question was not displayed to the respondent.

Q33. How long is the condition likely to persist?

This question was not displayed to the respondent.

Q34. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

This question was not displayed to the respondent.

Q35. Does the student have any additional diagnoses?

This question was not displayed to the respondent.

Q36. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

This question was not displayed to the respondent.

Q37. Date of additional diagnosis
Q38. What methods were used to make the diagnosis?

This question was not displayed to the respondent.

Q39. How long is the condition likely to persist?

This question was not displayed to the respondent.

Q40. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

This question was not displayed to the respondent.

Q41. Impact of the Disability(ies) and Possible Accommodations

Q42. What major life activities do the student's condition(s) impair? Only select applicable impairments. You may select multiple.

- [ ] Bending
- [ ] Breathing
- [ ] Caring for oneself
- ✔ Concentration
- [ ] Communication
- [ ] Eating
- [ ] Emotion regulation
- [ ] Executive functioning
- [ ] Hearing
- [ ] Interacting socially
- [ ] Learning
- [ ] Lifting
- [ ] Listening
- [ ] Managing distractions
- ✔ Managing stress
- [ ] Memory
- [ ] Motor function
- [ ] Organization
- [ ] Performing manual tasks
- [ ] Planning
- [ ] Processing speed
- [ ] Seeing
- [ ] Sitting
- ✔ Sleeping
- [ ] Stamina
- [ ] Standing
- [ ] Talking
- [ ] Thinking
- [ ] Time management
- [ ] Walking
- [ ] Other

Q43. Do you anticipate the student will require any of the following? Check all that apply
Q44. Please describe the impact that the student's condition could have on his/her experience living in the residence halls at Brandeis.

(To provide context, most of our first and second year students will live in a double room with one other roommate. Most of our third and fourth year students live in a suite or apartment with a private bedroom).

Example

Q45. Based on the previously identified impacts, identify any accommodations you believe may be necessary in order for the student to participate in the University’s programs, activities and services. If you can, we ask that you speak specifically to the accommodations the student has requested in their form (as well as any others they may not have requested).

Example

Q46. Please provide any additional information you feel will be useful in determining appropriate accommodations and interventions.
Q47. Do you anticipate the student requiring this accommodation/s each year at Brandeis?

- Yes
- No
- Unsure

Q48. If you responded "yes," please explain why.

Example

Q49. Include any assessments, evaluations, or other relevant documentation or information to support the diagnoses that were not already submitted.

Q50. By signing below, I agree that this form has been filled out by either the Medical Care Provider or an authorized representative of their office. I agree that the information included is accurate and authentic.
Location: (42.365997314453, -71.227096557617)

Source: GeoIP Estimation