

University of California, Santa Cruz Readiness to Return after Medical Withdrawal Form

When requested by your college as part of the readmission process, this form should be sent by U.S. mail or FAX to the **UCSC Student Health Center, Attn: UCSC Psychiatry Director; 1156 High St., Santa Cruz, CA 95064 or FAX: 831-459-3546.**

It must be completed by your provider during the following date range for the readmission term:

Fall readmission:	August 1 – September 1	Spring readmission:	February 1 – March 1
Winter readmission:	November 1 – December 1	Summer readmission:	May 15 – June 15

Dear Provider:

Thank you for treating your client or patient, who is a UC Santa Cruz student. We would like your professional assessment on the student's readiness to successfully return to academic coursework after their medical withdrawal.

Medical withdrawals are considered for students when an overwhelming medical or mental health concern makes it impossible for them to continue their academic studies after week 7 in our 10 week-long quarter. Withdrawing for medical reasons triggers our "Readiness to Return" process.

This process is intended to help us ensure that students will be successful upon their return. Due to the exceptional circumstances that lead to a medical withdrawal, it is typically expected that students take at least one quarter off to recover. This is especially necessary when the medical withdrawal is precipitated by a serious health concern (such as a psychotic episode, a suicide attempt resulting in a psychiatric hospitalization, or tuberculosis).

Often students experience a temporary reduction in symptoms when removed from university related stress, which generates a sense of optimism about a successful return to campus. Similarly, life circumstances (family pressure, financial concerns, academic needs) may also compel a student to return as soon as possible. While this is understandable, a premature return to the same academic and social demands that can exacerbate their condition should be avoided. The ideal scenario is for our students to take the time needed to heal and to return when they are ready to successfully cope with the academic and social demands inherent in this university.

Thank you so much for taking a few minutes to complete the attached form. As the treating provider, we depend on you to inform us of the treatment the student has received, the progress they have made, and their ongoing treatment needs. On the form, the student has consented for us to contact you if we have any questions or need further clarification.

For any questions about this process please contact me at 831-459-3944.

Thank you,

Shuyun David Lo, MD

_____ Please initial here indicating you have read and understand this information and return it with the Readiness to Return form (next page).

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Fall readmission: **August 1 – September 1** Spring readmission: **February 1 – March 1**
Winter readmission: **November 1 – December 1** Summer readmission: **May 15 – June 15**

Student Name: _____ **ID#:** _____ **College:** _____

Readmission application term: Fall 20_____ Winter 20_____ Spring 20_____ Summer 20_____

(Readmission is not always required to attend in summer. Contact your college if you are unsure.)

Primary reason for medical withdrawal: _____

Which quarter did you withdraw for medical reasons? _____

Name of Physician or Health Care Provider: _____

Office Address: _____

Telephone Number: _____

Authorization for Release of Information

I authorize the Health Care Provider above to provide the following information regarding my medical history and condition(s) to UCSC Student Health Center employees. I further authorize the Health Care Provider above to provide additional information regarding my medical condition and recommendations for ongoing treatment to the medical director or designee of the UCSC Student Health Center, if requested. I also acknowledge and agree that an additional evaluation by the UCSC Student Health Center medical director or his/her designee may be required.

Student Signature: _____ **Date:** _____

To the Physician or Health Care Provider: This student is requesting readmission to UCSC after withdrawing due to a medical condition. Please respond to the following questions to the best of your ability, to address the student's readiness to resume studies. When completed, please return this form to the student, who will then submit it to the UCSC Student Health Center.

Please describe the treatment you provided to the student and how the condition that resulted in the student's medical withdrawal has changed:

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Please indicate current medications and dosages if applicable:

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. .

Please describe your current treatment and any recommended ongoing treatment plan that will be required for the student to succeed academically. Please indicate who will be providing this treatment. (Please note-if there is an expectation that treatment will be provided by the UCSC Student Health Center (831-459-2211) or Counseling and Psychological Services (CAPS, 831-459-2628), student must contact us prior to finalizing the readiness to return process):

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Please choose one:

- The recommended treatment plan is currently in place
- The recommended treatment plan is not yet in place
- No ongoing treatment plan is necessary

I have treated the student for this condition and recommend (please choose one):

- Student is able to resume full-time studies beginning in the term listed above
- Student is able to resume studies beginning in the term listed above, but a part-time schedule is recommended until _____

Signature of Physician/Health Care Provider: _____ Date: _____

Degree: State: _____ License No.: _____