

WASHINGTON COLLEGE

Physician or Mental Health Professional's Assessment and Recommendation  
Regarding Patient's Readiness for Reenrollment

(please write very legibly)

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician or Mental Health Professional Providing This Report:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Degree:

\_\_\_\_\_ MD (primary care provider)      M.D. (psychiatrist) \_\_\_\_\_ Psychologist,  
Social Worker      Counselor      Other:

Business Address:

Phone:

Fax #:

WASHINGTON COLLEGE

[Redacted content]

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Specific prescribed medications and dosages:

[Redacted content]



*Handwritten signature*

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ment Recommendation  
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If any functional difficulties were selected, please elaborate, particularly with regards to:

[REDACTED]

functional difficulties may contraindicate his/her return to the residential community (living in a residence hall)

[REDACTED]