Medical Leave of Absence, Mental Health Care Provider Form

Instructions: This form is to be completed by the student's community mental health provider and be mailed to: Student Health and Counseling, Attention: Amy Gonzalez, 1 College Circle, Geneseo NY, 14454 or faxed to 800-859-6916. We cannot accept this form from the student.

Student name: _____ D.O.B: _____

Provider name: _____ License #: _____

Provider licensed as: _____ State of licensure: _____

Dates of treatment (first session and most recent): _____

Treatment modalities (individual, group, IOP, inpatient, etc.): _____

_____

Treatment program name (if applicable): _____

Initial DSM-V diagnoses: _____

Current DSM-V diagnoses: _____

Other relevant clinical issues:

_____

_____

_____

_____

_____

Clinician signature: _____ Date: _____

8/2026