



Health Related Request for Special Housing

Student Name: _____ Date of Birth: _____

For Medical/Psychiatric Healthcare Provider: The above student has requested special housing arrangements at Dordt University. Your professional opinion will be used in the consideration of this request. Special housing is limited and only those students with the greatest medical needs will receive special housing arrangements. In order to make this determination, it is important that the medical documentation is complete and supports the request.

1. Patient's diagnosis and related ICD or DSM code(s):

2. Current treatment plan including medications, therapies, and interventions.

3. Statement as to the level of severity and the activities impacted by the patient's condition.

4. Please provide a description of how the patient's condition may impact him/her in a college residence hall.

5. What is the specific housing need for this individual and why is it important in treating this problem?

6. Length of time the patient has been in your care: _____

7. Date of last visit: _____

8. *In order to expedite this request, please attach any additional pertinent clinical data documenting the medical or psychological condition.*

Provider's Name (please print)

Provider's Specialty

Signature and Date

Provider's Office Phone Number