

Provider Re-enrollment Form - Following a Withdrawal

Students with multiple treating providers may be required to submit a provider re-enrollment form from each of the treating providers.

Please complete thoroughly and legibly

Today's Date: _____

Withdrawal Type: **Medical / Psychological**

Student Information:

Student Name	University B#	Date of Birth	Status	Student Phone Number
			Undergraduate or Graduate	

Provider Information:

Name	Credentials	License Number	Business Address and Phone and Fax Numbers

Withdrawal Information:

Withdrawal Semester <i>(circle one):</i>	<i>Spring</i> <i>Fall</i> Year: _____
Withdrawal Diagnosis:	
Circumstances leading to withdrawal:	
Desired return semester / session <i>(circle one):</i>	<i>Spring</i> <i>Summer</i> <i>Fall</i> <i>Winter</i> Year: _____

Treatment and Re-enrollment Information: *Completion of this section implies that it is the provider's professional opinion that the student is safe and able to return and function as a student at Binghamton University.*

Appointment Information:	Date of initial appointment	Date of last appointment
	Total # of appointments since initial appointment	Total # of appointments since withdrawal
Current Diagnosis [this should address the condition for which the student took the withdrawal]:		
Since withdrawal, evidence of demonstrated functional improvement includes:		
Concerns regarding the patient's safety:		
Concerns regarding the patient's ability to function as an in-person student at Binghamton University:		

Maximum course load recommendation <i>(circle one)</i>	Full time (12+ credits undergrad. students / 8+ credits graduate students) <i>OR</i> Part-time (< 12 credits undergrad. / < 8 credits graduate students)
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Please indicate which offices, that provide services and support, would be beneficial for this returning student:

- Decker Student Health Services *(medical/psychiatric services)*
 Service for Students with Disabilities *(academic accommodations & support)*
 University Counseling Center - Treatment Coordination *(on-campus counseling and / or off-campus referral support)*
 Dean of Students – CARE (**C**onsultation, **A**dvocacy, **R**eferral, **E**ducation) Team *(care coordination & support)*
 Dining Services – Dietitians *(nutrition and special dietary needs)*
 Other

Treatment Recommendations <i>(appointment type, frequency, medication needs, living arrangements, etc.)</i>	
Does the patient plan to continue care through your office during requested semester reenrollment?	YES NO
- If No, what is the patient's plan for the treatment recommendations <i>(e.g. off-campus provider)</i> .	
- Identify the name of the provider/office where student's treatment recommendations will be addressed,	
Other information that would be helpful.	

Submissions missing the required release of information are subject to denial

Student Name: _____ Student B#: _____

Provider Name: _____

Provider Signature: _____ Date Signed: _____

- Students:* Upload this form, along with the Release of Information form, to the BU Health and Counseling online portal.
- Go to <https://binghamton.medicatconnect.com/>
 - Indicate you are from Binghamton University. Sign in using your University username and password.
 - Go to the UPLOADS section of the portal.
 - Upload the completed form using the option "Withdrawal/Re-enrollment Forms." [[Note that forms uploaded using the incorrect option may lead to the form not getting reviewed.]

Please be aware that the re-enrollment process can take approximately 3 weeks to complete.
 For any questions, please call Decker Student Health Services at 607-777-2221 or the University Counseling Center at 607-777-2772.