



Barnes Center at The Arch  
Attn: Counseling  
150 Sims Drive, Ste. 302  
Syracuse, NY 13244

Dear Licensed Mental Health Professional,

Your client has taken a medical leave of absence for psychological reasons from Syracuse University. When this student is ready to return to Syracuse University, the student must provide verification from a licensed mental health care professional that they have followed through with an appropriate course of treatment, that their condition has improved for a sufficient period of time and that they are ready to resume full-time student status. Please complete the following and return by mail to the address listed above or by fax to 833.780.1937.

### **Required Materials**

The student will not be able to be readmitted to Syracuse University without the following materials.

- Licensed Mental Health Care Professional Readmission Questionnaire (enclosed).
- On official letterhead a brief treatment summary that recommends resuming full-time study at Syracuse University.
- Student signed Counseling Release of Information Request Form, permitting you to speak with a therapist from the Barnes Center at The Arch Counseling team regarding the student's course of treatment and continued care recommendations.

Our communication with you in this matter will be essential in the readmission process for the student. We appreciate your help. If you have questions, please call Barnes Center at The Arch Counseling at 315.443.8000.

Sincerely,

*Carrie Lynn Brown, Ph.D.*

Carrie Lynn Brown, Ph.D.  
Director of Counseling  
Barnes Center at The Arch

**Barnes Center at The Arch Counseling**

150 Sims Drive, St. 302, Syracuse, NY 13244

T 315.443.8000 F 315.443.4276 [experience.syracuse.edu/bewell](http://experience.syracuse.edu/bewell)

## Licensed Mental Health Care Professional Readmission Questionnaire

This form is to be completed by a Licensed Mental Health Professional. Please respond to the questions listed below and attach a brief statement of recommendation for readmission and a treatment summary on your office letterhead. The student will not be able to be readmitted to Syracuse University without these materials. Please respond to all questions.

- Student's full name and date of birth:
  
- Profession/credentials:
  
- Did you provide treatment for the above named student?
  
- How many treatment sessions have you provided for the student (relating to this matter)?
  
- Indicate specific treatment program(s) the student participated in while on leave (e.g. outpatient, partial hospitalization, inpatient).
  
- Has the above student completed treatment?
  
- Are you continuing to provide treatment? If not, was treatment successfully completed?
  
- When did treatment commence?
  
- When did treatment conclude?

- If the client has not completed treatment, how frequently will they need to see you?
- In your care of this student were medications prescribed? If yes, please indicate medication and dosage.
- Will the student remain on medication when they return to Syracuse University? If yes, what is the medication management plan?
- Have you referred the student for continuing treatment? If yes, share the name, address and phone number of the individual/agency.
- What are the continued care needs for this student?
- While in your care were there any safety concerns (e.g. suicide risk, homicide risk, etc.)? If yes, please explain.
- To your knowledge, are the student's parents and/or legal guardian(s) aware of the problem for which you have provided treatment?
- Other comments to assist the student's successful transition to Syracuse University.
- Name of Treating Professional (please print or type):
- Phone number and address of treating professional:
- Date and signature of treating professional: