Reinhardt University
Shaping Lives – Building Futures

ACADEMIC SUPPORT OFFICE
Documentation Request - Psychological

I,(print name) _____am requesting accommodations from Reinhardt University, Academic Support Services for a psychological/psychiatric disability. Information on my ability to benefit in an academic setting and specifics regarding my disability are required for services. Please complete the below information or provide a report on letterhead that incorporates the requested information.

Date_____ **Signature**_____ **ID#**:_____

1. DSM IV
   AXIS 1: _____ _____
   CODE _____
   _____
   AXIS II: _____ _____
   CODE _____

Date of onset: _____ **Date of last visit:**_____

Frequency of Office Visits: _____

2. Describe the functional limitations and/or behavioral manifestations and recommended compensatory strategies for an academic environment:

   Behavior
   _____
   _____
   _____

3. Prescribed medication and expected side effects that can interfere with cognition and performance in an academic environment.

   Medication **Side Effects**
   _____ _____
   _____ _____
   _____ _____

   Recommendations:
   _____
   _____
   _____
   _____

   Provider Name
   _____ **Title**:_____ **License#**:_____

   Address:_____

   Phone #:_____ **Fax:**_____

   Provider Signature:_____ Date:_____