

# WESTMINSTER COLLEGE

## HOUSING ACCOMMODATIONS REQUEST PHYSICIAN FORM

Please complete form and return to the Student Affairs Office via fax or email to [craigfa@westminster.edu](mailto:craigfa@westminster.edu) or 724-946-6140 Please provide as much detail as possible about the student's need for housing accommodations and how it relates to his or her academic functioning.

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient's Telephone #:** \_\_\_\_\_

**Professional's name:** \_\_\_\_\_ **State of Licensure and License #:** \_\_\_\_\_

**Medical or other specialty:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Address 2:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Date of initial contact with patient:** \_\_\_\_\_

**Dates of Treatment:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Diagnostic Code:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Diagnostic Code:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Diagnostic Code:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Diagnostic Code:** \_\_\_\_\_

**Severity** (please evaluate on a scale of 1-10):

(Mild) 1      2      3      4      5      6      7      8      9      10 (Severe)

**Current level of functioning and degree of impairment:**

---

---

---

---

**Interventions:**

---

---

---

---

---

---

**Medications and dosages:**

---

---

---

---

---

**Side effects experienced by patient:**

---

---

---

---

---

**Prognosis:**

---

---

---

---

**Suggested accommodations based on difficulties imposed by the disability:**

---

---

---

---

---

---

---

---

---

---

---

**Limitations imposed by the disability in an academic setting and how the suggested housing accommodations would mitigate these limitations (please be as specific as possible):**

---

---

---

---

---

---

---

---

---

---

---

**Rationale for the necessity of the housing accommodation based upon the disability (please be as detailed as possible):**

---

---

---

---

---

---

---

---

---

---

---

**Prior interventions/strategies utilized in the past to address issues related to housing accommodations:**

---

---

---

---

---

---

---

---

---

---

**Outcome of those interventions:**

---

---

---

---

---

---

---

---

---

---

**Other information which may be useful in determining a reasonable housing accommodation:**

---

---

---

---

---

**Signature (verifying that I am not related to the student by blood or marriage & all statements are true to the best of my knowledge):**

\_\_\_\_\_ **Date:**

**Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:**

**Faith Craig  
Office of Disability Resources  
Westminster College  
319 South Market St New Wilmington, PA 16172  
724- 946-7192  
Fax: 724-946-6140  
craigfa@westminster.edu**