## MEDICAL DOCUMENTATION FORM

Disabilities Support Services • 4501 Amnicola Hwy., Chattanooga, TN 37406 (423) 697-4452 (Voice/TTY) • 423) 697-2693 FAX

To be filled out by Medical or Health Care Provider (Please Print Legibly)

Student's Na	ame:					D.O.B
Provider Na	me:				Crede	ntials
		<u>P</u>	lease an	swer the fo	llowing questions as comp	letely as possible.
1.	Are you the	primary	y care p	hysician for	r this patient? □ Yes	□ No
2.	How long ha	ve you	treated	this patien	t?	
3.	Date of last	visit			Frequency of visits:	
4.	Medical diag	gnosis(e	es): Ple	ase includ	e DSM-IV Axis with rece	nt GAF, if applicable:
Diagnosis		Date of		Permai	ed Duration: nent, Temporary, or, ing/Relapsing	Prognosis: Progressive, Stable, or Guarded
5.	$\Box$ Yes $\Box$ N	lo	_		he above condition(s) with	
6.	What medica	ation(s)	) are cur	rently prese	cribed for this patient?	
Medication		П	Oosage		Side effects experienced	by patient, if applicable
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7. What other medical treat	tment, therapies, devices, or	regimens have been prescribed for this patient?
	with prescribed medication	and/or treatment?   Yes   No
9. Please indicate the <i>curre</i> Functional Limitation	nt functional limitation(s) o	of the patient: (Check all that apply)  Degree of Limitation
□ Hearing	Description	□ Mild □ Moderate □ Severe
□ Vision		☐ Mild ☐ Moderate ☐ Severe
□ Speech		□ Mild □ Moderate □ Severe
□ Manual		□ Mild □ Moderate □ Severe
□ Ambulation		□ Mild □ Moderate □ Severe
□ Motor Coordination		□ Mild □ Moderate □ Severe
☐ Activities of Daily Living		□ Mild □ Moderate □ Severe
□ Endurance		□ Mild □ Moderate □ Severe
□ Respiratory		□ Mild □ Moderate □ Severe
□ Climatic/Environment		□ Mild x Moderate □ Severe
□ Concentration		□ Mild □ Moderate □ Severe
□ Memory		□ Mild □ Moderate □ Severe
☐ Information Processing		□ Mild □ Moderate □ Severe
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□ Social Interaction		□ Mild □ Moderate □ Severe

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tŀ	Do you have specialty evaluations or reports (e.g., neuropsychological, psychiatric, visual, hearing, herapy, occupational therapy, etc.) on this patient?   Yes  No f yes, please include a copy.	speech, p
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