



OFFICE FOR STUDENTS WITH DISABILITIES
405 HILGARD AVENUE
LOS ANGELES, CA 90095-1426

Date: _____

Dear Dr. _____

Your patient, _____, has requested support services through the Office for Students with Disabilities at University of California, Los Angeles. In order to provide appropriate services we require additional information from you. Please respond to the following questions:

- 1. What is the multi-axial DSM-IV classification? (Please code on five axes)
2. What were the assessment or evaluation procedures used to make the diagnosis?
3. What historic data was taken into account in making the diagnosis?

4. Please indicate the major symptoms of the disorder currently manifested by the student, including level of severity:

Table with 2 main columns: SYMPTOM and LEVEL OF SEVERITY. The severity column is subdivided into Mild, Moderate, and Severe, with sub-columns numbered 1 through 5. Four rows of blank lines are provided for symptom entry.

- 5. What medications are currently prescribed? Are there any side effects, and if so, how severe?
6. Is the individual currently in treatment with you, and if so, when did you last see him/her?
7. What is the prognosis?
8. What are the current limitations imposed by this disorder?

Thank you for your cooperation. You can FAX your report to me at (310) 825-9656. Please call me at (310) 825-1501 if you require additional information. Please attach any reports.

Name of Physician _____ Signature _____ Date: _____

Telephone _____ Address _____

Sincerely Yours,

Julie Morris, Ph.D.
Learning Disabilities Program Coordinator