

UT San Antonio
Wellbeing Services
Student Assistance Services
Phone: (210) 458-4985
SU 1.02.22

PROVIDER'S Statement for Medical/Mental Health Withdrawal

Dear Health Care Provider,

Please keep the following information in mind while completing the student's Medical/Mental Health Withdrawal request:

1. This statement must be from an attending healthcare provider (e.g. *physician, therapist, psychiatrist, counselor, psychologist, etc.*); who treated the student for the **semester in which they are requesting the mental health withdrawal**. The Health Care Provider's statement must be typed on **letterhead**. The letter should provide enough information to support and justify the student's need for a medical/mental health withdrawal.
 - a. The statement must include specific dates (e.g. *January 8, 2016*) that identify the onset of the problem. If possible, please include specific dates and/or timelines to indicate the point at which the student experienced the **highest severity** of symptoms. Last, please provide the student's dates of attendance (e.g. *8/1/2016 initial appointment; follow-up scheduled for; etc.*) for services.
 - b. Please include a **diagnosis** for the student, based on your clinical impressions.
 - c. Please provide information as to the plan of treatment implemented with the student. In addition, please indicate your professional opinions as to the student's prognosis.
2. Your statement should include your recommendation for withdrawal.
 - a. Please provide an explanation of how the student's symptomatology warrants a Medical/Mental Health Withdrawal.
 - b. Please cite any further corroborating evidence to justify the student's need for a Medical/Mental Health Withdrawal during the semester in question.