



COUNSELING CENTER |

Robert Morris University
Counseling Center
Nicholson Center Room 259
6001 University Boulevard
Moon Township PA 15108

Phone: 412-397-5900 Fax: 412-397-5920

Request for Transfer of Treatment

STUDENT INFORMATION

(Please type or print legibly)

Student: Please complete page 1 and submit the complete packet, along with the *Authorization for Release of Information (ADHD)* form, to your provider for completion.

Name (Please Print) _____ Date _____
Last First MI

Attention Condition Requiring Accommodation:

Date of Birth ____ / ____ / ____

Status (Circle One) Freshman Sophomore Junior Senior Graduate

Phone Number ____ - ____ - ____

RMU Email Address _____

Permanent/Home Mailing Address _____
Street Address

City State ZIP

Please identify, for your provider, the treatment you are requesting from Robert Morris University.



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PROVIDER: PLEASE COMPLETE

(Please type or print legibly)

The above named individual is requesting treatment from the Robert Morris University Counseling Center. For the purposes of ensuring continuity of care, Robert Morris University requires current information about the condition. The information submitted will be examined on a case-by-case inquiry, specifically looking at the student's treatment history and future needs for treatment. We require current and past treatment information for continuity of care.

Provider Name (Please Print) _____ Date _____

License or Certification Number _____

Mailing Address _____

Street

City

State

ZIP

Phone Number _____ - _____ - _____

1. Describe your professional credentials.

Three horizontal lines for describing professional credentials.

2. Provide a diagnosis or diagnoses for this student.

Three horizontal lines for providing a diagnosis or diagnoses.

3. Is this individual currently under your care for the above mentioned condition? (Circle One) Yes No

4. Indicate how the condition was diagnosed (diagnostic and methodology).

- Four checkboxes with corresponding diagnostic and methodology options: Clinical interview + history + computerized continuous performance test + test of cognitive ability; Clinical interview + history + computerized continuous performance test + additional neuropsychological assessment measures; Clinical interview + history + rating scales + response to medication; Psychoeducational battery that meets the Robert Morris University's documentation guidelines for a learning disorder (see learning domain).

