

PSYCHIATRIC DOMAIN

PROVIDER: PLEASE COMPLETE

(Please type or print legibly)

The above named individual is requesting accommodations from the University of Pittsburgh. The University of Pittsburgh, for the purposes of establishing a disability and determining reasonable accommodations, requires current information about the condition. The information submitted will be examined in an individualized case-by-case inquiry, specifically looking at the impact of the condition on this individual and within the specific context of the requested accommodations.

Print Name: _____ Date: _____

License or Certification #: _____

Mailing Address: _____

Phone Number: _____

1. Describe your professional credentials.

2. Provide a diagnosis or diagnoses.

3. Is this individual currently under your care for the above named condition? Yes No

4. Establish the extent to which the psychiatric condition currently impairs this individual. Include severity, frequency, and pervasiveness of this condition at the **present time**. Identify major life activities that are affected. (This information will be used by qualified personnel at the University of Pittsburgh to determine if the individual's requested accommodations are reasonable.)

5. Describe how the condition is currently being treated or managed.

Signature: _____ Date: _____

Please return to:
Coordinator
Disability Resources and Services
221 Commons Building
mjd197@pitt.edu
Fax: 814-362-7518