**Center Applicant File Review**

*This form is used to document the Health and Wellness Director’s initial review of applicant files for medical or behavioral health care needs.* ***This form is NOT for referrals of possible direct threat assessments (See Form 2-04\*).***

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| **Applicant Name:** |  | **ID#:** |  |
| **Center:** |  | **Date of Review:** |  |

**Center Applicant File Review and Student Documentation**

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| --- |
|[ ]  Non-health Disability Coordinator (DC) has been notified of non-health documents (i.e., IEPs, 504 plans, Vocational Rehabilitation records, etc.) that require review. |
|[ ]  * DC feedback received from review of non-health documents.
 |
|[ ]  As part of the review of the applicant file or applicant interaction(s), the applicant potentially has medical or behavioral health care needs that require review or clarification by a qualified health professional. If so, complete the section for ***Referral to Qualified Health Professional***. |
|[ ]  There are no medical or behavioral health care needs that require review or clarification by a qualified health professional. The applicant is being scheduled for enrollment. |

**Referral to Qualified Health Professional**

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| --- | --- |
| **Reason for Referral** | **Medical Professionals/Qualified Health Professionals**(List all who need to review.) |
| Please review this applicant file and/or conduct a clinical interview, if necessary, to determine medical or behavioral health care management needs which may include a health care needs assessment. |  |
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**Comments**

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**Printed or Typed Name of Health and Wellness Director**

**Signature of Health and Wellness Director Date**

*Upload this form to the “Other” folder within the Wellness and Accommodation E-Folder (i.e., Health E-Folder) in CIS.A copy may be maintained within the Student Health Record (SHR) if enrolled.*

\*See Form 2-04 for Referral for Possible Direct Threat Assessment