University of Pittsburgh
at Greensburg
Learning Resources Center

Millstein Library Building, Room 240
150 Finoli Drive
Greensburg, PA 15601-5898
724-836-7098, TTY: 724-836-7128
Fax: 724-836-7493
E-mail: los3@pitt.edu

PSYCHIATRIC DOMAIN

PATIENT INFORMATION

(Please complete the relevant information and submit to your provider for completion)

Name: ______________________ Date: ________

Last First Middle Initial

Psychiatric Condition Requiring Accommodation:

Date of Birth: ____________ People Soft Number: ____________

Status (check one): ☐ Student ☐ Staff ☐ Faculty ☐ Other (explain) ____________

Contact Phone Number: ____________

University E-Mail Address: ____________ @pitt.edu

Mailing Address:

Please identify, for your treatment provider, the accommodations you are requesting from the University of Pittsburgh.

University of Pittsburgh
at Greensburg
Learning Resources Center

Millstein Library Building, Room 240
150 Finoli Drive
Greensburg, PA 15601-5898
724-836-7098, TTY: 724-836-7128
Fax: 724-836-7493
E-mail: los3@pitt.edu

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.

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

University of Pittsburgh
at Greensburg
Learning Resources Center

Millstein Library Building, Room 240
150 Finoli Drive
Greensburg, PA 15601-5898
724-836-7098, TTY: 724-836-7128
Fax: 724-836-7493
E-mail: los3@pitt.edu

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.)

University of Pittsburgh
at Greensburg
Learning Resources Center

Millstein Library Building, Room 240
150 Finoli Drive
Greensburg, PA 15601-5898
724-836-7098, TTY: 724-836-7128
Fax: 724-836-7493
E-mail: los3@pitt.edu

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

____
____
____
____
____
____
____
____
____
____
____
____

Signature:____ Date:______________

Please mail or fax to:
Dr. Lou Ann Sears
University of Pittsburgh at Greensburg
150 Finoli Drive
Greensburg, PA 15601-5898
724-836-7098, TTY: 724-836-7128
Fax: 724-836-7493
OR
Scan and e-mail as a PDF to: E-mail: los3@pitt.edu