Mental Health Re-Entry Form

Prior to your return to Virginia Military Institute following a furlough for mental health reasons, please have your treating mental health provider(s) complete this form. Please complete the top half of the form and ask your provider(s) to complete the bottom half. **This form must be received by the Center for Cadet Counseling by June 1 for a Fall Readmission or by November 1 for a Spring Readmission.** This form will be reviewed by a counselor and the Director of the VMI Health Center before you meet with a counselor in the VMI Center for Cadet Counseling Center to discuss your re-entry. **Please note that VMI cannot evaluate you for re-entry without receiving treatment information from your provider.**

Please send the completed form to:

Center for Cadet Counseling
Virginia Military Institute
Attn: Director
448 Institute Hill, 2nd Floor
Lexington, VA 24450
Ph: 540-464-7667
Fax: 540-464-7025

Student's Name: _____ Date: _____

Telephone: _____ Class/Year:_____

Address: _____

With my signature below, I grant permission for the Center for Cadet Counseling to communicate with my provider listed below regarding my mental health condition as it applies to reentry to Virginia Military Institute.

_____ _____

Cadet's Signature Date

For Clinician use:

For the above named individual please provide the following information to assist the cadet in his/her re-entry process to the Institute.

Physician or Mental Health Professional Providing This Report:

Name: _____

_____ MD (primary care provider) _____ MD (psychiatrist) _____Psychologist,

_____ Social Worker _____ Counselor _____ Other: _____

License Number: _____

Business Address: _____

_____

_____

Phone: _____

Fax:_____

Treatment Information:

Date of cadet's initial appointment with you: _____

Date of cadet's most recent appointment with you: _____

Number of times cadet was seen by you since medical furlough: _____

Total number of times cadet was seen by you (if different than above): _____

Treatment modalities used: _____ psychotherapy _____ pharmacotherapy _____ both

Cadet's symptom picture at time of **first** appointment with you following his/her medical furlough:

_____
_____
_____
_____
_____
_____
_____

Issues addressed in treatment with you:

_____
_____
_____
_____
_____
_____
_____

Observed changes in cadet's functioning during time in treatment with you:

_____
_____
_____
_____
_____
_____
_____

Medication Information:

Specific prescribed medications and dosages:

_____
_____
_____

Will cadet be continuing with medication treatment after reenrollment? _____ Yes _____ No

Diagnosis:

Axis I: 1)_____ 3)_____

2) _____ 4)_____

Axis II: _____

Axis III:_____

Remaining Functional Difficulties:

The following functional difficulties need to be addressed in continued treatment or may pose difficulties in relation to cadet's reenrollment: (Check any that may apply)

_____ No Functional Difficulties
_____ Attention / Concentration Impairment
_____ Bipolar Mood Instability
_____ Eating Disorder
_____ Homicidal Ideation/Intent
_____ Interpersonal Difficulties (Axis II problems)
_____ Motivational Difficulties
_____ Neurovegetative Depressive Symptoms
_____ Obsessions/Compulsions
_____ Panic Symptoms
_____ Post Traumatic Stress Symptoms
_____ Psychotic Symptoms
_____ Self-Destructive Behavior – Non-Suicidal
(i.e. – cutting)
_____ Sleep Disturbance
_____ Social Phobia Symptoms
_____ Substance Abuse/Dependence
_____ Suicidal Ideation/Intent
_____ Other: _____

If any were selected above, please elaborate, particularly with regard to whether or not cadet's remaining functional difficulties may contraindicate his/her return to the academic environment.

_____
_____
_____
_____

Handling of Firearms and other Weapons:

Cadets enrolled in Virginia Military Institute participate in training programs and various extracurricular activities that require the possession and use of firearms and other weapons such as bayonets.

Please note **The Commonwealth Virginia Code § 18.2-308.1:3**: Purchase, possession or transportation of firearm by persons involuntarily admitted or ordered to outpatient treatment.

A. It shall be unlawful for any person involuntarily admitted to a facility or ordered to mandatory outpatient treatment pursuant to § 19.2-169.2, involuntarily admitted to a facility or ordered to mandatory outpatient treatment as the result of a commitment hearing pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, or who was the subject of a temporary detention order pursuant to § 37.2-809 and subsequently agreed to voluntary admission pursuant to § 37.2-805 to purchase, possess or transport a firearm. A violation of this subsection shall be punishable as a Class 1 misdemeanor.

Please check all that apply:

____ Cadet has been involuntarily admitted to facility

____Cadet has been ordered to mandatory outpatient treatment as a result of a commitment hearing

____Cadet has been subject to a TDO and subsequently agreed to a voluntary inpatient admission.

____Cadet is, by law, able to purchase, possess and transport firearms.

_____ Cadet is not yet ready to resume any academic enrollment.

Is this cadet presently, or in the foreseeable future, likely to be a risk to her/himself or others?
_____ Yes _____ No If "Yes", please explain:

_____
_____
_____
_____
_____

Treatment Plan:

Please indicate your support for any accommodations requested by the cadet (e.g. need for extended time on tests and exams, etc.)

_____
_____
_____
_____
_____

Recommended treatment plan if cadet returns to VMI enrollment:
_____ Continued treatment is not necessary at this time
_____ Cadet will remain in treatment with current provider(s)
Date of next scheduled appointment: _____

_____ Treatment should be transitioned to VMI or Rockbridge County provider(s)
Name of new provider: _____
Date of next scheduled appointment: _____

Additional treatment plans:

_____
_____
_____
_____
_____

_____ _____
Signature of Provider **Date**