

**UC Irvine – Disability Services Center**

100 Disability Services Irvine, CA 92697-5130

**(949) 824-7494 (949) 824-3083 (fax)**

***Verification of Psychological Disability***

Student name _____	Birthdate _____
<i>I am requesting academic support services through the Disability Services Center (DSC) at UCI. They require current and comprehensive documentation of my psychological condition. Please respond to the following questions as soon as possible and return to me or send by mail or fax. I authorize the Disability Services Center at UCI to contact you if clarification is needed.</i>	
Student Signature _____	Date _____

Physician/provider name (print) \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Organization & address \_\_\_\_\_

**This form must be completed by the Health Care Professional listed above.**

1. What is the multi axial DSM-IV classification? (Please code on five axes)

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Current GAF \_\_\_\_\_

2. What were the assessment or evaluation procedures used to make the diagnosis?

3. What historic data was taken into account in making the diagnosis?

4. Please indicate the major symptoms of the disorder currently manifested by the student, including level of severity:

SYMPTOM	LEVEL OF SEVERITY				
	Mild	Moderate	Severe	Severe	Severe
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

5. What medications are currently prescribed? List any side effects and level of severity?

6. Is the individual currently in treatment with you, and if so, when did you last see him/her?

7. What is the prognosis and anticipated duration?

8. What are the current limitations imposed by this disorder?

Physician Signature \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your cooperation. You may FAX your report to DSC at (949) 824-3083. Please call (949) 824-7494 if you require additional information. Please attach any reports. *All information on this form will remain confidential.*