

## HEALTH PRACTITIONER'S REPORT

Campus Wellbeing and Support Services provides support and assistance to students/associates of a student with a disability or health condition studying at Macquarie University. In order to receive support, the student must provide the University with supporting documentation relevant to their experience of the health condition(s).

**This form is to be completed by a suitably qualified health professional in the field relating to the health condition(s).**

Student's Details	
Given Name	
Family Name	
Date of Birth	/ /
Student ID	

Health Practitioner's Details	
Full Name	
Provider Number	
Profession	
Phone	
Email	
Practice Address	
<b>AFFIX PROVIDER STAMP HERE</b>	

All supporting documentation is stored in line with the *Health Records and Information Privacy Act 2002* (NSW).

Health Condition(s)/Disability Details		
Condition 1 / Diagnosis 1		Expected duration:
Condition 2 / Diagnosis 2 (if applicable)		Expected duration:
Condition 3 / Diagnosis 3 (if applicable)		Expected duration:
Medication Prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If medication is prescribed, please describe any side effects which impact the student's ability to study		

LIKELY IMPACT ON STUDENT'S STUDIES AT UNIVERSITY	
<i>Please indicate whether the student's disability/health condition(s) impact on the following domains of functioning</i>	
A. Cognition – Memory / Concentration / Processing / Organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Interpersonal – Interacting with other people	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Vision – Accessing visual content	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Hearing – Accessing auditory content	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Handwriting/Typing – Physically producing written content	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Communication – Developing spoken or written content	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Physical / Mobility – Accessing and completing tasks	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEALTH PRACTITIONER'S SUGGESTIONS TO OVERCOME ABOVE IMPACT(S) ON STUDENT'S STUDIES</b>	

<b>Signature of health practitioner</b>		<b>Date of Report:</b> /     / 20__
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**The University may contact health practitioners to verify the authenticity of this report.**