

EMOTIONAL SUPPORT ANIMAL DOCUMENTATION FORM

To be filled out by Medical or Health Care Provider

Please type your answers directly into this form.

When the form is completed, please print and sign it. The completed and signed form can be sent directly from the professional practitioner to Disability Resources for Students (DRS) by fax to 901-678-3070 or email to drs@memphis.edu, or it can be given to the student to submit to DRS.

Provider Name: _____

Credentials: _____

Student/Patient Name: _____

Date Of Birth: _____

Please answer the following questions as completely as possible.

Are you the primary care physician or therapist/counselor for this patient? Yes No

How long have you treated this patient? _____

Date of last visit: _____

Frequency of visits: _____

Medical Diagnoses/Prescribed Medications: Please include DSM-IV-TR or DSM-5codes:

Proposed ESA:

Animal's Name: _____

Type of Animal: _____

Age of Animal: _____

Information About the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

Describe the specific nature of the student’s mental health impairment and symptomology.

Does the student require ongoing treatment? If so, please describe.

What other interventions have been used?

Information About the Proposed ESA

Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while living on campus?

What specific symptoms will be reduced by having the ESA?

Is there evidence that this ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that this specific ESA be in residence on campus? What consequences, if any, in terms of disability symptomology may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Do you have specialty evaluations or reports (e.g., neuropsychological, psychiatric, visual, hearing, speech, physical therapy, occupational therapy, etc.) on this patient?

Yes (**If yes, please include a copy**) No

Is the student requesting other accommodations or considerations in the academic environment?

Yes (**please explain**) No

Please use this additional space to provide any other information you believe will be helpful to us in assisting your patient in his / her academic endeavors at the University:

Physician's Signature _____ Date _____

Physician's Telephone No. _____