

PROVIDER REPORT FORM

This form is to be completed by the student's licensed medical and/or mental health service provider. The provider must mail or fax the form directly to Student Wellness Services using the contact information below, thank you.

PROVIDER INFORMATION					
Provider Name	Dr. Carol Lin		-		
Licensed as	M.D.	License #:	A107085	State of Li	censure: CA
Address	1201 w. La Veta Ave, Orange, CA 92868				
Phone Number	714-509-4348				
STUDENT INFORMATION					
Student Name	Patryk Kozlowski				
Date of Birth	08/31/2000				
Student Requests	■ Return from Medical Leave □ UASH/Reinstatement □ Other:				
Is the student registered or planning on registering with Caltech Accessibility Services for Students (CASS) for disability-related accommodations? ■ Yes □ No					
	TREAT	MENT INFO	PRMATION		
Date of First Contact	01/06/2023 L	Date of ast Contact	02/06/202	3 Total:	
Type of Treatment (check all that apply):	■ Medical □ Psychological/Mental Health □ Psychiatric □ Substance Abuse				
DSM V / ICD 10 Diagnosis/es	C91.01 Acute Lymphoblastic Leukemia				
Impact of the condition(s) on student's academic functioning:					
Patryk continues under the care of the CHOC Oncology Team, He takes oral chemotherapy daily and receives chemotherapy in our infusion center on a monthly basis. Due to sequalae of chemotherapy Patryk is immunocomprmised, and has difficulty with speech, fine motor skills, and gross motor skills. Patryk also uses assitive devices to aid with mobility.					
Prognosis:	☐ Excellent ■ Good	□ Fair [□ Poor		
Please provide your professional opinion regarding the current management of the condition(s), and whether the student is currently capable of functioning as an enrolled student:					
Patryk's Leukemia is in remission and he is currently stable enough and capable of functioning as an enrolled student at Caltech.					
Do you intend to continue treating the student if they are reinstated as an enrolled student? ☐ ☐Yes ☐ No					
Please provide your professional recommendations regarding ongoing treatment or care for the management of the student's condition(s), including any limitations, with a focus on what will help support the student's transition back to enrolled student status:					
Recommendations include allowing Patryk to be medically excused from his absences related to his scheduled/unscheduled hospital admissions and days he is not feeling well as a result of treatment. It is also requested that he be granted additional time and/or breaks during assignments and tests due to fatigue and decreased stamina. Patryk should also be allowed more time on testes because if his difficulty with fine motor skills which make it difficult for him to write and type. We also ask that he be given the option of whether or not to turn on his video for virtual classes, particularly during his hospitalizations.					
Provider Signature	(Into		Da	te 2/19	5/23