



STUDENT INFORMATION

(Please Print Legibly or Type)

First Name Charles Middle G Last Farmer

Date of Birth 12/1/2000

Status (check one)

☒ current student

☐ transfer student

☐ prospective student

Local phone () - -

Cell phone (614) - 753 - 5474

Address 397 Martha Ave Columbus, OH 43223

If current Ohio State student, email address:

farmer.308

@buckeyemail.osu.edu

Other email address

charlesgagefarmer@gmail.com

DIAGNOSTIC INFORMATION

(Please print legibly or type)

1. Date of Diagnosis: Since childhood; established c megs PCP 11/27/23

2. Primary Diagnosis: ADHD - combined type

Other Diagnoses: nonintractable, generalized idiopathic epilepsy & status epilepticus

3. What is the severity of the disorder? ☐ Mild ☒ Moderate ☐ Severe

4. Please state the medication or treatment the student is currently prescribed:

adderall XR 10 mg QD

rimpat 150 mg BID

prozac 20 mg QD



5. Please describe how the student's disability symptoms or treatment plan impacts their academics:

Decreased ability / lack of focus & concentration, easily distracted

6. Please state specific recommendations regarding academic accommodations for this student:

adequate time for testing, assignments
quiet room without distractions

7. Please add any additional comments that you feel appropriate:

Please keep dx in mind when helping pt with
school work



THE OHIO STATE UNIVERSITY

HEALTHCARE PROVIDER INFORMATION

(Please sign and date below and completely fill in all other fields using PRINT or TYPE)

Provider Signature Heidi Fambro CNP Date 12/2/23

Provider Name (print) Heidi Fambro CNP

Title CNP / FNP

License or Certification # APRN-CNP 021049

Address _____

OhioHealth Physician Group - London

1072 Eagleton Blvd, Suite A

London, OH 43140

Phone Number (____) - ____ - ____

(ph) 740-852-2566

Fax Number (____) - ____ - ____

(fax) 740-852-2583