

STUDENT INFORMATION

(Please Print Legibly or Type)

First	Name Charles Middle & Last Fermer	
Date	of Birth	
Local phone (Cell phone (
Addr	ess 397 Martha Ave Columbus, OH 43223	
	rent Ohio State ent, email address:	
Other email		
address charles gage farmer@ gmail.com		
	DIAGNOSTIC INFORMATION	
	(Please print legibly or type)	
1.	Date of Diagnosis: Since childhood; Ustablished & Megs PCP 1/27/23	
2.	Primary Diagnosis: ADHD-10mbined-type	
	Other Diagnoses: nonintractable generalized idiapathic epileps 5 status epileptica	
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 QP VI mpat 150 mg BIP prozau 20 mg QP	
	Vimpet 150 mg BIP	
	MM24420 Mg QD	
	7100	

THE OHIO STATE UNIVERSITY

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

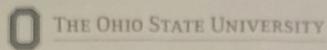
Decreased ability I lack of focus Econcentration, easily

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

adequate time for testing, assignments quiete room without distractions

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

Pleax Keep dx in mind when helping pt with School work



HEALTHCARE PROVIDER INFORMATION

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

Provider Signature Stat Tanber (M)	P Date 12/4/23
Provider Name (print) Heidi Fauter Com	
TITLE CNPIFNP	
License or Certification # APRN CNP. 0210	19
Address	
	Ohiotteain Physician Group - London 1072 Eagleton Blvd, Suite A
Phone Number ((ph) 740-850-300
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