



# Medical Evidence Requirements

## Mental Health team

The following outlines the details required in order to complete registration with the Mental Health team. If you do not already have medical evidence that meets this criteria or are encountering difficulties obtaining a medical letter, you may find it helpful to provide the relevant professional with our Medical Evidence Request Form, which you can find on page 2.

### **Medical evidence must be provided by one of the following:**

- General Practitioner (GP)
- Psychiatrist
- Consultant Clinical Psychologist
- Secondary Care Team Member

### **The evidence must be no more than 12 months old and should contain the following:**

- Diagnosis and date of diagnosis
- Whether the condition has or is likely to last 6 months or longer or is likely to reoccur
- If the condition fluctuates
- If possible and applicable, any prescribed medication
- If possible and applicable, details of referrals for psychological/specialist psychiatric treatment
- If applicable, details of the most recent risk management or safety plan
- The impact any treatment may have on your study or attendance

If you have received a formal mental health diagnosis in the past but encountering difficulties obtaining medical evidence that meets the requirements above, please contact us at [mentalhealth@city.ac.uk](mailto:mentalhealth@city.ac.uk)



## Medical Evidence Request Form

### Mental Health team

Students with a formal, long term mental health diagnosis are entitled to additional support at university and potentially, funding. Official medical evidence is required to enable them to access this. The more detailed information you can provide at this stage allows us to assess the student's needs accurately and provide the level of support necessary. *Thank you.*

<b>Full Name of Student:</b>	<b>Date of Birth:</b>
<i>This form is to be completed by a <b>General Practitioner (GP), psychiatrist, consultant clinical psychologist or a secondary care team member</b></i>	
<b>Diagnosis:</b>	<b>Date of diagnosis:</b>
<b>Is the condition likely to present for over 6 months or re-occur?</b>	
<b>Main symptoms of condition and impact on day to day activities (such as academic tasks including but not limited to attending lectures, concentration for long periods, group work):</b>	
<b>Medications prescribed:</b>	

**How may the condition impact academic tasks (exams, lectures, written assignments, group lectures and presentations)**

**Risk – current/historical:**

**Risk – management plan:**

**Coping strategies to manage the condition/specific accommodations?**

**Any specialist services involved in student's care? Please list below**

**Any other information you feel may be helpful for the service to be aware of:**

**Name:**

**Signature:**

**Date:**

**Profession:**

**OFFICIAL STAMP:**

**Email:**

**Address:**

**Contact no:**

Please note, any adjustments are made at the discretion of the mental health team. There is no guarantee that specific recommendations can be put into place.