INVOLUNTARY LEAVE ASSESSMENT FORM
Brock University, Student Services

Name of student: _____

Date of birth:_____

What is your professional clinical qualification? o MD o PhD o Other_____

How long have you known the student in a professional capacity? _____

What has been the frequency of visits? _____

Is the student taking any medications, nutritionals or other supplements? o Yes o No

Please list:_____
_____

In your opinion, is any one of these medications, nutritional or other supplements likely to account for the behaviour in question? o Yes o No o Can't assess

If 'Yes' could this behaviour be changed by switching or discontinuing the medication? Please comment: _____
_____
_____

Has the student recently discontinued any medication? o Yes o No

If 'Yes', which one(s)? _____
_____

Does the student have any metabolic abnormalities that might account for the behaviour in question? o Yes o No o Can't assess

If 'Yes', please describe and comment on any therapy that might lead to improvement in such behaviour and the expected time course of that therapy:
_____
_____
_____

Has the student sustained a closed head injury that might account for the observed behaviour? o Yes o No o Don't know

Does the student have a history of drug or alcohol abuse? o Yes o No o Don't know

Has the student experienced any significant psycho-social stressors immediately prior to the incidents in question? o Yes o No o Don't know

If 'Yes', please describe:_____
_____
_____

Does the student have a previous psychiatric diagnosis, which includes the above behaviours? o Yes o No

If 'Yes', please describe:_____
_____
_____

Have you received both pages (2) of this document? o Yes o No

Are there any other factors of which you think the University team should be aware?
_____
_____
_____

Signature:_____

Name:_____

Date:_____ License Number:_____

Address:_____

Phone Number:_____ Fax Number: _____

Please mail this completed form, and any accompanying documentation to:

Manager, Student Conduct
Student Development Centre, ST 400
Brock University
500 Glenridge Avenue
St. Catharines, Ontario
L2S 3A1
(905) 688-5550 ext. 4041