Print Form

Office of Counseling & Personal Development

3333 Regis Boulevard, F-12
Denver, Colorado 80221-1099
303-458-3507/1-800-388-2366 Ext. 3507
FAX: 303-964-5406

Date:

Regis University
Chaney Givens, Director
Office of Counseling & Personal Development
3333 Regis Blvd. F-12
Denver, CO 80221
303-458-3529
Fax: 303-964-5406

RE:
Name of Student

Do you have a current release of information form signed by the above mentioned client between you and Regis University—Office of Counseling & Personal Development?
Yes No

Have you spoken with Dr. Chaney Givens, 303-458-3529, Director of the Office of Counseling and Personal Development (OCPD),or another member of the OCPD counseling staff, prior to writing this letter in order to obtain information/history about this student and/or regarding the requirements for this mandated treatment?
Yes No

Have you completed psychoeducation with this student regarding the substance(s) that are of concern?
Yes No

Based upon your assessment/treatment, are there any concerns about the above mentioned student being a danger to self or others?
Yes No

If you answered “yes” to the above question, please specify in detail the concerns:

Dates and number of sessions:

Diagnosis:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: (current)

Based upon your assessment, (please check one):

- ☐ the student has completed substance use/abuse treatment and I have no current concerns about his/her current use or mental health state
- ☐ the student has completed substance use/abuse treatment but will continue to work with me, per my recommendation
- ☐ the student has completed substance use/abuse treatment with the following recommendations: (Please check all that apply):
  - ☐ The student should receive ongoing psychotherapy/counseling through the Office of Counseling & Personal Development
  - ☐ The student should participate in/attend a psychiatric consultation
  - ☐ The student should attend psychotherapy and I will be the provider of these services. By checking this recommendation, I am acknowledging that as the provider I am willing and able to notify OCPD about the student's attendance and compliance in treatment.
  - ☐ The student has been referred to an inpatient/intensive outpatient program
  - ☐ Other (describe/explain):

Do you have any additional concerns regarding this student?

☐ Yes ☐ No

If you answered "yes" to the above question, please specify in detail the concerns below or in an attached letter:

_____

Signature/Title/ Date
(Original, not electronic)

Please **print** this form and **fax**, along with any accompanying documents, to:

Chaney Givens, Psy.D.
303-964-5406