Medical Provider Form for Full-Size Bed

Dear Provider,

Your patient/client ____, has requested an accommodation for a full-size bed at Wesleyan University. Full sized bed requests can be made for acute and chronic orthopedic and musculo-skeletal conditions. Individuals requesting a full-sized bed must provide recent documentation that verifies the medical necessity of a larger bed than the one traditionally provided. You have been asked to complete this form as documentation for your client.

As the provider completing this form, you should:

- Have knowledge of the student's current level of functioning.
- Complete the following page as thoroughly as possible; inadequate information or incomplete answers may delay the eligibility review process.
- Submit this form and any supplemental documentation via email to Dr. Thomas McLarney, Medical Director, Davison Health Center at tmclarney@wesleyan.edu by the appropriate deadline. Requests submitted after the deadline may not be able to be met until a full-size bed becomes available.
- **Deadlines:**
    - Incoming/New Students: **June 30th**
    - Continuing Students:
        - **March 15th** for the following academic year
        - **November 1st** for Spring semester (This deadline is only available to students who were not living on campus during Fall semester and are returning to University housing for Spring semester.)

Student First Name:____

Student Last Name:____

D.O.B:__________________________________ Date of last visit:_________________________

Diagnosis and severity of impact:

Indicate impact of client's condition on each of the following major life activities:

Life Activity	Mild	Moderate	Substantial	Unknown	Notes
Sleeping					
Sitting					
Standing					
Walking					
Lifting/Bending					
Other:					

Please explain why a full-size bed is medically necessary for your patient:

Additional treatments tried:

Duration of impairment:

☐ Permanent ☐ Temporary: provide expected duration or re-evaluation date: __________

Provider Name (Print): ____

Title: ____________________________________ License/Certification #: ____________________

Address: ____

Phone: _____________________________ Fax Number: _________________________________

Email Address: ____

Signature: ____Date: __________________

(Verifying that you are not related to the student by blood or marriage)