



Medical Provider Form for Full Bed

Dear Provider,

Your patient/client _____, has requested an accommodation for a full-sized bed at Wesleyan University. 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.

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:					

Is a full-sized bed medically necessary? If so, please explain why.

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)