



HEALTH PRACTITIONER'S REPORT

The Accessibility Service provides support and assistance to Macquarie University students with a disability or health condition and students who are carers of a person with a disability or health condition. In order to receive support, the student must register with this service and provide the University with supporting documentation relevant to their experience of the health condition(s).

This form is to be completed in full by an AHPRA registered or equivalent health professional in the field relating to the health condition(s).

Student Details

Name: _____
 Date of birth: _____
 Student ID: _____

Health Condition(s)/Disability Details

Condition 1/ Diagnosis 1	Frequency/ intensity/ duration
Other conditions/ disabilities (if applicable)	Frequency/ intensity/ duration
Medication prescribed?	Yes No
If medication is prescribed, please describe any side effects which impact the student's ability to study	
Additional comments if applicable	

Likely impact on student's studies at University

Please indicate whether the student's disability/health condition(s) impact on the following domains of functioning:	
<input type="checkbox"/> Cognition Memory/ Concentration/ Processing/ Organisation	<input type="checkbox"/> Hearing – Accessing auditory content
<input type="checkbox"/> Interpersonal – Interacting with other people	<input type="checkbox"/> Handwriting/typing – Physically producing written content
<input type="checkbox"/> Vision – Accessing visual content	<input type="checkbox"/> Communication – Developing spoken or written content
<input type="checkbox"/> Physical/Mobility – Accessing and completing tasks	

Health practitioner's details:

Full name: _____
 Provider number: _____
 Profession: _____
 Email: _____
 Practice address: _____

Stamp

All supporting documentation is stored in line with the *Health Records and Information Privacy Act 2002* (NSW).

Signature of health practitioner:

Date: