

## 2021-2022 Special Housing Request Form for Medical Need

Student Name:

Date of Birth:

**FOR HEALTHCARE PROVIDER:** The above student is requesting to be considered for special housing at Millikin University. Your professional opinion will be used in the consideration of this request. Special housing is extremely limited and only those students with the greatest medical need(s) will receive special housing arrangements. The patient listed above cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative).

Please provide the following information on the front and back of this form:

Patient's diagnosis and related ICD-9 code:

Current treatment:

Medications, therapies, interventions, etc.:

Statement as to level of severity and the activities impacted by the patient's condition:

Special housing requested/required:

How long has the patient been in your care and when was the last visit?

Please print, sign, and scan or fax this form to the Office of Campus Life by emailing [campuslife@millikin.edu](mailto:campuslife@millikin.edu) or faxing to 1-844-832-7993. The healthcare provider is the only person who can sign and send this form.

Please provide detailed information below so that you can be contacted, if necessary.

Physician Name:

Practice Name/Address

Telephone or Fax:

Physician Signature (please print and sign):