

**Muhlenberg College
Office of Disability Services**

Special Dining Services Request Diagnostician Form

Student Name: _____ **DOB:** _____

Student's Special Dining Services Request: _____

Diagnostician Name: _____ **Phone Number:** _____

Diagnostician Signature: _____ **Date:** _____

Professional License Number: _____ **Specialty:** _____

Deadlines for 2021-2022 academic year:

Deadline for incoming students: June 18, 2021

**Deadline for Transfer students: August 1, 2021 for 2021-2022; or December 1, 2021 for the
spring semester 2022.**

Deadline for current, continuing students = March 15, 2021 for 2021-2022

Dear Diagnostician,

Please provide the following information regarding the above named student's application for a Special Dining Services Request. The student has been informed that the Special Dining Services Request process requires the treating medical professional to complete an evaluation which documents the medical necessity of the request. **The Diagnostician Report should include information designated by the bulleted items listed below and be written on letterhead.** It is understood that the Diagnostician is an impartial individual who is not a family member nor in a dual relationship with the student.

- How long has the student been under your care for this condition?
- The accommodations requested through this process must be an integral component of a treatment plan prescribed by a medical professional qualified to treat the particular condition. Are you a medical specialist treating the student for this condition?
- If no, please indicate your medical relationship with the student.
- When was the student's most recent evaluation by you?
- Please list the student's medical diagnosis.
- Has this diagnosis been confirmed by any laboratory or diagnostic criteria? If yes, please list pertinent laboratory and diagnostic studies with dates completed.
- What is the current impact of (or limitations imposed by) the condition?
- Please include treatments, medications, devices or services currently prescribed or used to minimize the impact of the condition.
- What is the expected duration, stability or progression of the condition?
- Please include a clear connection between the recommended Special Dining Services Request and the impact of the condition and a statement of the level of need for (or consequences of not receiving) the request
- If the condition is dietary in nature...
 - Has the student been referred to a Registered Dietitian?
 - Please give a clear description of any recommended medical nutrition therapy

Please submit the Documentation Report and this completed Special Dining Services Request Form to:

Muhlenberg College Office of Disability Services
2400 Chew Street Allentown, PA 18104