



OSU-Oklahoma City  
Disability Services Office  
900 N. Portland Avenue  
Oklahoma City, OK 73107  
405-945-3385

Patient/Client Name \_\_\_\_\_ Patient/Client Date of Birth \_\_\_\_\_

1. What is the patient/client's primary diagnosis or primary diagnoses, if applicable? (If multiple medical conditions exist, please focus on what will affect the patient/client most in an academic environment.)

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2. Current functional limitations associated with the primary disability/disabilities (how disability affects patient's functioning in major life activities, please specify severity as applicable):

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3. What is the expected progression or stability of the disability?

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4. General comments (optional):

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\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

**HEALTH CARE PROVIDERS:** Please return completed form directly to patient/client. If you have questions about this form, please contact Emily Cheng, Disability Services Coordinator at OSU-Oklahoma City at 405-945-3385 or [emily.cheng@osuokc.edu](mailto:emily.cheng@osuokc.edu). Thank you for your assistance!

**STUDENTS:** Please return completed form to Emily Cheng. Thank you.