

Health Care Provider Assessment Form

Instructions: Please complete the form below to assist Tulane University Dining Services in providing appropriate food or dining plan modifications. **Merely stating that the individual should be released from the dining plan is insufficient.**

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|---|--------------------------------|
| Student Name: | Student DOB: |
| Person Providing Assessment: <input type="checkbox"/> MD <input type="checkbox"/> Nurse <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Mental Health Professional | |
| Health Care Professional Name: | Office Phone Number: |
| State of Licensure: | Licensure Number: |
| Date of Most Recent Appointment: | Number of Appointments: |

Medical Conditions (please check all that apply):

| | | |
|---|---|---|
| Food allergy to: | <input type="checkbox"/> Milk <input type="checkbox"/> Egg <input type="checkbox"/> Fish <input type="checkbox"/> Peanut <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy <input type="checkbox"/> Tree nut <input type="checkbox"/> Wheat <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Celiac Disease |
| Medical Condition (please specify using ICD 10 or DSM 5 codes): | | |
| Diagnostic instruments utilized to reach above diagnosis | <input type="checkbox"/> Lab results <input type="checkbox"/> Allergy testing <input type="checkbox"/> ROME III Criteria <input type="checkbox"/> Other, please specify <input type="checkbox"/> Endoscopy <input type="checkbox"/> Bowel Biopsy <input type="checkbox"/> Oral Food Challenge | |
| Other diagnostic information (may include weight/growth history, relevant psychosocial or medical history, etc.) | | |

Brief explanation of why the student's medical condition affects their ability to participate in the dining plan:

Diet Prescription: Foods Omitted and Substitutions

Please list a specific diet prescription and/or food(s) to be omitted and food(s) that may be substituted. You may attach additional documentation if necessary.

| Omitted Foods | Substitutions |
|---------------|---------------|
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Indicate length of time special diet must be followed:

Ongoing Temporary **Start Date:** **End Date:**

I certify that the above named student requires special dietary modifications as described above, due to the student's food allergies and/or medical conditions.

Health Care Professional Signature:

Date:

Indicate length of time special diet must be followed:

Ongoing Temporary **Start Date:** **End Date:**

I certify that the above named student requires special dietary modifications as described above, due to the student's food allergies and/or medical conditions.

| | |
|--|--------------|
| Health Care Professional Signature: | Date: |
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Dining Plan Petition Guidelines for Documentation

While formal documentation is required for consideration of dining plan release at Tulane University, the staff of Tulane University Dining Services recognizes that each individual experiences barriers to access differently. Therefore, we encourage students requesting dining plan releases to meet with Tulane Dining Services staff to discuss their unique situation.

Tulane seeks to afford all students an equal opportunity to participate in the University's dining services program. Such participation includes the opportunity to dine with others. Dining Services (including the Campus Dietitian and Executive Chef) will make a determination on whether a medically restrictive diet can be reasonably accommodated by the dining program upon review of a physician's diagnosis or prescriptive diet.

To meet this requirement, Tulane University Dining Services must be provided documentation meeting the following criteria on the Health Care Assessment form:

1. **Qualified Evaluator:** Professionals conducting assessments and making recommendations for appropriate accommodations must be qualified to do so (e.g., physician, psychiatrist, allergist, gastroenterologist). The name, title, and professional credentials of the evaluator, including license or certification number, should be clearly stated on the Health Care Provider Assessment Form. The evaluator may not be a member of the student's family.
2. **Current Documentation:** Documentation should be current and related to the individual's special dietary need. The following guidelines are in place; however, documentation that exceeds these time parameters may be considered.
 - a. Food allergies, intolerances-documented in the past 12 months
 - b. Celiac disease-documented in the past 3-4 years
 - c. Procedure-documented after procedure if it is reason for special dietary need
3. **Comprehensive Documentation:** Documentation should be thorough, giving a full picture of the individual, not simply a diagnosis. It might include:
 - a. A diagnostic interview including:
 - i. Historical information detailing the evolution of the special dietary need
 - ii. Relevant psychosocial, medical, and medication history
 - iii. Weight and growth history
 - iv. History of accommodation
 - v. Evidence of current special dietary need
 - b. Diagnostic instruments appropriate to the diagnosis are recommended. These may include lab results, allergy testing, motility and gastrointestinal tests, or bowel biopsies.
 - c. A clear diagnosis must be rendered. Diagnostic codes from the DSM-5 or the ICD-10 should be utilized.
 - d. Description of current treatments, therapeutic techniques, assistive devices, medication, etc.
 - e. The evaluator should make specific recommendations for accommodations including a diet prescription and specific foods that must be avoided for medical reasons.