

Louisiana State Board of Nursing

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**Clinical Nursing Student Medical-Mental Condition
Diagnostician / Treating Provider Form**

Student Consent to Disclosure of Medical Information and Records

I, _____ do hereby authorize all of my health care providers to disclose and
(PRINT NAME)

furnish any and all information, records, and opinions, any reports or summaries thereof, whether in electronic form or otherwise, relating to my evaluation, diagnosis, treatment and prognosis by or under the care of the health care provider, to the Louisiana State Board of Nursing, and any representatives thereof (collectively referred to as the "Board"), for the purpose of permitting the Board to be initially and periodically advised of my diagnosis, treatment and prognosis for any condition, including but not limited to my disability which may impair my capacity my ability to participate in clinical nursing education, test, or practice nursing with reasonable skill and safety to patients or to myself. _____ (signature and date)

Diagnosis Information

Date of initial diagnosis: _____

Diagnosis Code (DSM or ICD-9): _____

Diagnosis: _____

Provide summary of current treatment plan including all medications (name and dosage) prescribed for treatment of the student's diagnosis: (add additional sheet if necessary)

Indicate which, if any, of the following major life activities are adversely affected by the student's diagnosis.

- | | | | |
|-----------------------|-------------------------|----------|----------|
| Walking | Seeing | Hearing | Speaking |
| Breathing | Learning | Thinking | Working |
| Caring for one's self | Performing manual tasks | | |

Does this diagnosis affect the student's ability to safely practice nursing?

YES

NO

If Yes, provide explanation: _____

Indicate whether the student is able to meet the following cognitive, sensory, affective and psychomotor performance requirements by circling "Yes" or "No" next to each technical standard.

		Issue	Requirement	Example
YES	NO	Critical Thinking	Critical-thinking ability sufficient for clinical judgment	Identify cause/effect relationships in clinical situations, develop nursing care plans
YES	NO	Interpersonal	Interpersonal abilities sufficient for interaction with individuals, families, and groups from various social, emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues, and respond appropriately to stressful situations
YES	NO	Communication	Communication abilities sufficient for verbal and written interaction with others	Explain treatment procedures, initiate health teaching, and document and interpret nursing actions and patient/client responses
YES	NO	Mobility	Physical abilities sufficient for movement from room to room and in small spaces	Move around in patient's room, work spaces and treatment areas; administer cardiopulmonary procedures
YES	NO	Motor Skills	Gross and fine motor abilities sufficient for providing safe, effective nursing care	Calibrate and use equipment; position patients/clients
YES	NO	Hearing	Auditory ability sufficient for monitoring and assessing health needs	Hear monitor alarm, emergency signals, auscultatory sounds and cries
YES	NO	Visual	Visual ability sufficient for observation and assessment necessary in nursing care	Observe patient/client responses, including color changes
YES	NO	Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention (such as insertion of a catheter)

Diagnostician / Treating Provider Information

Provider

Name: _____ Title: _____
(Please print or type)

Address: _____

Phone: _____

Type of Professional License: _____

License Number: _____

State of Licensure: _____

Specialty Certification/Qualifications: _____

Signature

Date