

Disability Services Medical (Systemic) Disorders Documentation Form

Definition

Systemic disorders are conditions that affect the internal body systems such as the respiratory, circulatory, and digestive systems. Systemic disorders often affect the whole body and it's functioning and may have a long-term effect on one's organs and tissues. Individual differences are significant. Systemic disorders often change over time and in relation to environmental or outside factors.

Examples of common types

diabetes mellitus, fibromyalgia, ulcerative colitis, Crohn's disease, Graves' disease, lupus, cystic fibrosis, rheumatoid arthritis, atherosclerosis, stroke, sickle cell disease, myasthenia gravis, multiple sclerosis, and Guillain-Barre syndrome This is not an exhaustive list.

Common treating professionals

endourologist, cardiologist, gastroenterologist, oncologist, rheumatologist, pulmonologist, neurologists, immunologists, or nephrologist

Notes for consideration

- Any accommodation recommendation must be individual to the person and how the disability affects them.
- Any suggestion for nonattendance or breaks should include additional details of frequency and length so
 accommodations can be determined. Sometimes, online classes are more appropriate for individuals who are
 experiencing unpredictable frequent absences. Examples of helpful details include breaks as needed every 3
 hours for stretching; bathroom as needed during flare-ups; flare-ups occur a few times a year since new
 medication started; absences for 24 hours after seizure; breaks needed to check blood sugar when monitor
 beeps. This type of information is helpful.
- If there is a neurological symptom or result of the disability, additional current neurological testing is required to determine impairment. Include current data, evaluations and testing about the individual.
- Documentation may need to be updated to ensure appropriate accommodations over time for new or changing conditions. The full BOR guidelines can be found here: <u>BOR Disability Documentation</u>

Required Documentation

Documentation should be provided by your treating specialist by submitting a letter on professional letterhead or by completed form on the reverse side. The following information is required:

- 1. Diagnosis and corresponding ICD code along with the professional's name, license number and signature
- 2. Data collected, evaluation or assessment that informed the diagnosis and description of individual's history regarding disability (when diagnosed and how it manifested and displayed in this particular person)
- 3. Description and details of current symptoms associated with the impairment and current functioning of the individual at the time of request for services
- 4. Current severity of the disorder and prognosis for this individual Is it a chronic disorder? Is it episodic? Is it temporary?
- 5. Current treatment and stability of this individual in regard to their disability
- 6. Side effects of treatment or medication
- 7. Limitations in relation to academics, housing, or the general college environment



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Student name and GGC ID number:	
ICD diagnosis name and number:	
	*Please fill out a new form for each diagnosis.
	regarding their disability (i.e., date of diagnosis; how it manifested and assessment or evaluation performed to inform diagnosis)
Current symptoms associated with im	npairment
	and current functioning especially in relation to the academic, housing or dated data, assessments, or evaluations and summary used to determine
Current severity of the disorder	
Current prognosis for this individual (chronic, episodic or temporary)	
Present treatment plan and stability of	of the individual (include medications and side effects)
Provider name and title: Provider address and phone:	License #:

Provider signature and date: