

**ATTENTION DEFICIT DISORDER QUESTIONNAIRE
(COMPLETE ALL QUESTIONS)**

Name of primary applicant: _____ ID/SSN: _____

Name of person treated / relationship to applicant: _____

Please answer all questions pertaining to the person for which the condition applies. Please circle appropriate condition, test and/or treatment where applicable. If you need assistance in completing this form, please contact your physician. If there is a charge for completing this form, it will be at your expense.

1. Date first treated: _____

2. Please state the names, dosages and frequency for taking any medications prescribed:

3. Is medication still being taken? ___ Yes ___ No. If no, when was medication discontinued? _____

4. Is medication taken throughout the year, or are there "breaks" during school vacation?
Please give details: _____

5. Have there been any behavioral problems at school, truancy, etc? ___ yes ___ no
If yes, please provide details: _____

6. Any growth problems or other mental/physical problems noted? ___ Yes ___ No
If yes, please provide details: _____

7. Has the child received psychological counseling, or has counseling been recommended? ___ Yes ___ No.
If yes, please provide details (including dates of treatment and name, address and phone number of counselor, physician or therapist): _____

8. Have there been any hospitalizations for this or other related conditions? ___ Yes ___ No. If yes, please give details:

Date of confinement: _____ Length of stay: _____

Name, address and phone number of hospital where confined: _____

9. Are you still being treated? ___ Yes ___ No. If no, indicate date released from doctor. _____
If yes, indicate date you are to be released: _____

10. Name, address and phone number of treating physician or health care practitioner:

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that the insurer will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date