



Attention Deficit Disorder/Hyperactivity Disorder (ADD/HD)

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

Is the client on any medications

- Yes, provide details _____
 No

Does the client have a history of any of the following psychiatric disorders (check all that apply)

- Mood or anxiety disorder
 Personality disorder
 Conduct disorder or oppositional disorder
 Suicidal thought/attempt
 Substance abuse (alcohol or drugs)
 Other _____

Has the client ever been hospitalized or on disability for psychiatric treatment

- Yes, provide details _____
 No

If school-age, is the client in regular class for age

- Yes, provide details _____
 No

List any other major health problems the client has: