

**Attention Deficit Disorder/Hyperactivity Disorder (ADD/HD) -
Ask "Rx" -pert Underwriter (*ask our experts*)**

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of (ADD/HD), please answer the following:

1. Please list date of diagnosis: _____

2. Is your client on any medications?

Yes (Please give details) _____

No

3. Does your 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 defiant disorder

Suicidal thought/attempt

Substance abuse (alcohol or drugs)

Other (specify) _____

4. Has your client ever been hospitalized or on disability for psychiatric treatment?

Yes (Please give details) _____

No

5. If school-age, is your client in regular class for age?

Yes (Please give details) _____

No

6. Has your client smoked cigarettes in the last 12 months?

Yes (Please give details) _____

No

7. Does your client have any other major health problems (ex: cancer)?

Yes (Please give details) _____

No

After reading the Rx for Success on Attention Deficit Disorder/Hyperactivity Disorder (ADD/HD), please feel free to use the Ask "Rx" -pert Underwriter on the next page for an informal quote.

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