

**ATTENTION DEFICIT DISORDER QUESTIONNAIRE**  
**(complete all questions)**

Name of primary applicant: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Name of person treated: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

1. Date first treated: \_\_\_\_\_

2. Please state the name(s), dosage(s) 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" when medication is not taken?  
Please provide 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 individual 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 provide 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 Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

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

\_\_\_\_\_  
Date