



VIVA Health Inc. Health Questionnaire

Follow-up: Attention Deficit Disorder

Employee_____

Group Name:_____

Proposed Insured_____

D.O.B._____

1. When were you diagnosed with Attention Deficit Disorder?
2. Are you taking any medications? Yes____ No____ If yes, please list the name and dosage. (If the applicant is a minor child, is the medication only prescribed while they are in school, or is it taken continuously?)
3. Please provide the name, address, and phone number of physicians that have been consulted for this condition.
4. Are you currently undergoing counseling? Yes____ No____ If the applicant is a child, are they getting counseling through their school?
5. Have you ever been hospitalized for this disorder? If so, for how long?
6. Have you been advised to have any treatment not listed above?
7. Do you smoke? If yes, how much? (include packs per day and number of years)

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date:_____ Signature of proposed insured:_____