

# Form FLC8

## DESCRIPTION OF CONDITIONS, IMPAIRMENTS, DISORDERS, OR TREATMENT RELEVANT TO APPLICANT'S RESPONSE TO QUESTION 38 ON FORM FLC1

Name: \_\_\_\_\_  
(Last) (First) (Middle)

SSN: \_\_\_\_\_

DATE OF TREATMENT: From: \_\_\_\_\_ To: \_\_\_\_\_

NAME OF TREATING PROFESSIONAL: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

NAME OF HOSPITAL OR INSTITUTION: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

1. Describe any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that relates to your affirmative answer to Question 38.

2. Describe any treatment you have received for any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that relates to your affirmative answer to Question 38.