

Form M40A

DESCRIPTION OF CONDITIONS, IMPAIRMENTS, DISORDERS, OR TREATMENT RELEVANT TO APPLICANT'S RESPONSE TO QUESTION 40 ON FORM M1

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 40.

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 40.