

Form 8

DESCRIPTION OF CONDITIONS, IMPAIRMENTS, DISORDERS, OR TREATMENT RELEVANT TO APPLICANT'S RESPONSE TO QUESTION 36 ON FORM 1E

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 36.

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 36.