

FORM 39 / DESCRIPTION OF CURRENT CONDITION OR IMPAIRMENT

Name _____
First Middle Last Suffix

The Office of LLP Admissions is aware of HIPAA requirements.

Provide a Detailed Explanation: This written statement should contain a description of the current condition or impairment you are disclosing. This explanation should include your perspective of the circumstances, reasons, or situations which contributed to the condition or impairment. This includes any information or explanation that you believe mitigates or lessens the severity of the condition or impairment including any treatment and/or monitoring program(s). Attach a separate page(s) if necessary.

Describe the current condition or impairment:

Describe any treatment and/or monitoring program _____

Dates of treatment: From Mo/Yr _____ To Mo/Yr _____

Name and complete address of attending physician or counselor:

Name of physician or counselor _____
Physician's or Counselor's current address _____
City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone number _____

Name and complete address of hospital or institution:

Name of hospital or institution _____
Hospital's or Institution's current address _____
City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone number _____

Duplicate this form as needed.