To be used with Question 40

FORM 40 / REDUCTION OR AMELIORATION OF CONDITION OR IMPAIRMENT

Name_____

First *Middle* *Last* *Suffix*

The Office of LLP Admissions is aware of HIPAA requirements.

Relevant date(s): From Mo/Yr_____ To Mo/Yr_____

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.

Detailed Explanation:

_____

_____

_____

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_____

Describe any treatment, monitoring or support program and how it reduces or ameliorates the condition or impairment:

_____

_____

_____

_____

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_____

Name and complete address of treatment provider:

*Name of treatment provider*_____

*Treatment provider's current address*_____

*City*_____ *State*_____ *Zip*_____

*Country*_____ *Province*_____

*Telephone number*_____

Name and complete address of monitoring or support program:

*Name of monitoring or support program*_____

*Monitoring or support program's current address*_____

*City*_____ *State*_____ *Zip*_____

*Country*_____ *Province*_____

*Telephone number*_____

Duplicate this form as needed.

Rev. 10/23