



ADHD MEDICATION QUESTIONNAIRE

Applicant Name: _____ Course Number: _____

1. What is the applicant's diagnosis?

- Predominantly hyperactive-impulsive
- Predominantly inattentive
- Combined hyperactive-impulsive and inattentive

2. Name of *medication(s): _____

3. How long has the applicant been taking the medication(s)? _____

4. Does the applicant take this medication:

- School Days
- Everyday
- As Needed
- Other:

5. **Outward Bound is a school and focus is required. We recommend that applicants taking medications for ADHD bring a supply of that medication to use if necessary.**

Will the medication be brought as recommended above? Yes No

6. Describe specific symptoms the medication controls: _____

6. Other comments: _____

**If you are taking prescription medication(s), you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. Participants will not be permitted to begin their course without their required medications OR with new medications not approved by our Medical Screener*