**Flight Med, LLC**
www.flight-med.com

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**Senior/HIMS AME**

# Phone Consultation Questionnaire

**Please fill out the GENERAL section and any other section pertinent to your case. If a section is not relevant to your case, please leave the section blank.**

**GENERAL**

1. What is the main reason for the consultation?
   _____
   _____
   _____
2. Have you had a previous FAA medical certificate or previously applied for an FAA medical certificate?_____
   a. If so, when was your last flight physical?_____
   b. Was your medical certificate ever denied by the FAA?_____
3. Are you currently on a Special Issuance Authorization?_____
   a. If so, for what condition(s)?_____
4. What is your goal with flying?
   _____
5. Are you a pilot flying commercially? _____If so:
   a. What company are you working for currently?_____
   b. Are you a first officer or Captain? _____
   c. What aircraft are you flying?_____
   d. What is your base airport?_____

**MENTAL HEALTH**

6. If your case involves Anxiety, Depression, or similar diagnosis:
   a. What is your diagnosis?
      _____
   b. What medication(s) are you taking? For how long?_____
   c. Are you getting or have you had therapy? _____
      i. For how long (please list dates)?_____
      ii. If yes, please list the name(s) and credentials of your therapist:
      _____
   d. Have you had any:
      i. Psychiatric hospitalizations?_____ If so, how many times, when and for how long?
      _____
      _____
      ii. Use of multiple medications at the same time for effective treatment?_____ If so, what medications and for how long?
      _____
      _____
      iii. Self-injurious behaviors?_____
      iv. Suicidal ideations?_____ If yes, did you have a suicide attempt?_____

If so, how many times and when?_____

v. Homicidal ideations?_____

vi. Are any of these conditions/behaviors currently ongoing?_____

7. If your case involves **ADHD**:
   a. Are you still taking medication for ADHD?_____ If so, what medication?
   _____
      i. If not, when did you last take or when were you last prescribed ADHD medications?_____
      ii. How long did you take ADHD medication (dates are preferred)?
      _____
   b. Were you ever on an individual education plan (IEP) or 504 plan?_____
      i. If so, for how long/how many grades?_____
      _____
8. Is your treating provider a psychiatrist, psychologist, or a primary care provider? Please provide their name(s) and credentials.
   _____

**DRUGS & ALCOHOL**

9. Do you have a diagnosis of substance abuse and if yes, what is the substance(s)?
   _____
10. Have you had an arrest and/or conviction related to drugs or alcohol?_____
    a. If yes, how many arrests and when? Describe the situation(s) (including the substance, BAC if relevant) and why you were arrested and/or what was the conviction.
    _____
    _____
    _____
    _____
11. Have you attended a rehab program? _____ If yes, how many times, what program(s), and for how long were you in the program (dates of attendance are preferred)?
    _____
    _____
12. Are you in AA or a similar group recovery program?_____ If yes, what program, do you have a sponsor, and what step are you working on?_____
13. Have you attended aftercare and if yes, what program and for how long?_____
    _____
14. Do you use tobacco products?_____ if so, please list what forms and for how long you have used the products_____
15. Is there a family history of substance abuse (please list family member and substance)?
    _____
16. When did you last use the substance?_____

Please enter your name, sign and date below:

_____ _____ _____

Name Signature Date

***Expert FAA Medical Assistance!***