

MEDICAL SOURCE STATEMENT
About What the Claimant Can Still Do Despite Mental Impairment(s)

Please complete the following assessment based on your total familiarity with this patient, including history and records reviewed, symptoms and clinical observations, clinical course and response to care, and any evaluations or test findings. Consider the total combined effects of all mental disorders. If the patient abuses drugs or alcohol, please indicate those impairment levels which you would expect to persist if drug and alcohol abuse were to cease. You are not required to perform any special test of functional capacity to render your opinions on this form.

A. Frequency and length of contact with patient: _____

B. Diagnoses: _____

C. Identify your patient's signs and symptoms associated with this diagnosis:

Poor memory	Oddities of thought, perception, speech, or behavior
Appetite disturbance with or without weight change	Perceptual disturbances
Sleep disturbance	Time or place disorientation
Personality change	Catatonia or grossly disorganized behavior
Mood disturbance	Social withdrawal or isolation
Emotional lability	Blunt, flat, or inappropriate affect
Loss of intellectual ability of 15 IQ points or more	Illogical thinking or loosening of association
Delusions or hallucinations	Decreased energy
Substance dependence	Manic syndrome
Recurrent panic attacks	Obsessions or compulsions
Anhedonia or pervasive loss of interests	Intrusive recollections of a traumatic experience
Psychomotor agitation or retardation	Persistent irrational fears
Paranoia or inappropriate suspiciousness	Generalized persistent anxiety
Feelings of guilt or worthlessness	Somatization unexplained by organic disturbance
Difficulty thinking or concentrating	Hostility and irritability
Suicidal ideation or attempts	Pathological dependence or passivity

Other symptoms and remarks: _____

Please rate your patient's abilities to function by assigning a number from 1 to 5 using the following specific criteria:

1. Not necessarily a total lack or loss of this ability to function; but not able to function in this area independently, appropriately, effectively, and on a sustained basis.
2. Able to function in this area independently, appropriately, effectively, and on a sustained basis; but functioning is seriously limited.
3. Fair ability to function independently, appropriately, effectively, and on a sustained basis in this area.
4. Slightly limited ability to function independently, appropriately, effectively, and on a sustained basis in this area.
5. No limitation in ability to function independently, appropriately, effectively, and on a sustained basis in this area.

D. This area of mental functioning refers to the abilities to learn, recall and use information to perform work activities, such as understanding and learning terms, instructions, procedures; following one- or two- step oral instructions to carry out a task; describing work activity to someone else; asking and answering questions and providing explanations; recognizing a mistake and correcting it; identifying and solving problems; sequencing multi-step activities; and using reason and judgement to make work-related decisions. Please rate from 1 to 5 the abilities to:

- _____ Understand information
- _____ Remember information
- _____ Apply information

Please give examples to illustrate how your patient is limited in these areas, relative to independent, appropriate, effective, and sustained functioning:

E. This area of mental functioning refers to the abilities to relate to and work with supervisors, coworkers, and the public, such as cooperating with others; asking for help when needed; handling conflicts with others; stating own point of view; initiating and sustaining conversation; understanding and responding to social cues (physical, verbal, emotional); responding to requests, suggestions, criticism, correction, and challenges; and keeping social interactions free of excessive irritability, sensitivity, argumentativeness or suspiciousness. Please rate from 1 to 5 the ability to:

- _____ Interact with others

Please give examples to illustrate how your patient is limited in this area, relative to independent, appropriate, effective and sustained functioning:

F. This area of mental functioning refers to the abilities to focus attention on work activities and stay on task at a sustained rate, such as initiating and performing a task that your patient understands and knows how to do; working at an appropriate and consistent pace; completing tasks in a timely manner; ignoring or avoiding

Is inconsistency of treatment or following a care plan a feature of your patient's mental disorder?

Yes No

Has treatment been complicated by lack of a stable living environment or homelessness?

Yes No

K. Would your patient's mental disorders cause him or her to need to disengage from productive activity for unscheduled breaks beyond the standard morning, lunch and afternoon work breaks?

Yes No

If yes, please describe the frequency and duration of these extra breaks, and why they are needed:

Please identify the side effects of your patient's medications and treatment:

L. Have the effects of your patient's mental impairments become intertwined with how he or she experiences physical symptoms and limitations, exacerbating your patient's experience of pain or other physical symptoms and functional limitations?

Yes No

M. Social Security states that: "Inaccurate self-report of symptoms and behaviors occurs when individuals, because of psychiatric disorders or personality traits, over- or under-report the nature, range, and severity of symptoms." In some cases, these might include disorders relating to cognition, anxiety, somatoform, personality or other impairment. Please identify any psychiatric disorders or personality traits potentially impacting your patient's statements and descriptions:

N. Social Security will consider the disabling effects of only those physical and mental impairments which result from anatomical, physiological, or psychological abnormalities that can be shown by medically acceptable clinical and/or laboratory diagnostic techniques. Although the extent of symptoms and functional limitations need not be corroborated by objective findings, the existence of abnormalities that could reasonably be expected to produce the functional limitations must be medically corroborated.

Does your patient have physical and/or mental impairments resulting from anatomical, physiological or psychological abnormalities shown by acceptable clinical and/or laboratory diagnostic techniques; and could those impairments reasonably be expected to produce the functional limitations set forth above?

Yes No

CERTIFICATION

By my signature appended hereto, I attest that I personally have answered each of the questions presented in this Medical Source Statement assessment form and, under penalty of perjury pursuant to 28 U.S.C. Sec. 1746(2), that I believe the information contained herein to be true and accurate to the best of my knowledge and professional judgment.

Treatment Provider

Name: _____

Date: _____

Address: _____

Signature:

Supervising Doctor (if applicable)

Name: _____

Date: _____

Address: _____

Signature:

Patient Name: _____

Date of Birth: _____