

MEDICAL SOURCE STATEMENT
About What the Claimant Can Still Do Despite Physical Impairments

For each activity shown below:

- (1) Indicate your patient's ability to perform the activity; and
- (2) Identify the particular medical findings (e.g., physical examination findings, x-ray findings, laboratory test results, history, symptoms (including pain), etc.) which support your opinion regarding any limitations.

Please answer the following questions concerning your patient's impairments.

1. Nature, frequency and length of contact: _____

2. Diagnoses: _____

3. Prognosis: _____

4. List your patient's symptoms: _____

5. Identify the clinical findings and objective signs: _____

6. Describe the treatment and response including any side effects of medication which may have implications for working, e.g., drowsiness, dizziness, nausea, etc.:

7. Have your patient's impairments lasted or can they be expected to last at least twelve months?

Yes No

8. Does the claimant have (a) condition(s) of ill health that tend to degenerate or deteriorate over time?

Yes No

9. Is it reasonable to expect that claimant would experience substantial difficulty with stamina, pain or fatigue if claimant was working full time, eight hours a day, at the light or sedentary levels of exertion?

Yes No

10. Is it reasonable to expect that the claimant would need to work at a reduced work pace if employed full time, eight hours a day, at the light or sedentary levels of exertion?

Yes No

10a Is this patient's ability to work 8 hours a day, 40 hours a week, and maintain a normal work pace:

Very Good Good Fair Poor Very Poor

10b Please characterize your patient's experience with stamina and/or fatigue:

0 1 2 3 4 5 6 7 8 9 10

No Problem Total Failure

11. Is it likely that one or more of the claimant's health problems would be made worse if the claimant was working full time, eight hours a day, at the light or sedentary levels of exertion?

Yes No

12. Does the claimant have (a) condition(s) of ill health that can be expected to result in death?

Yes No

13. Is your patient a malingerer?

Yes No

14. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?

Yes No

15. Identify any psychological conditions affecting your patient's physical condition:

- Depression
- Anxiety
- Psychological factors affecting physical condition
- Personality disorder

Other: _____

16. Are your patient's impairment's (physical impairments plus any emotional impairments) *reasonably consistent* with the symptoms and functional limitations described in this evaluation?

Yes No

If no, please explain: _____

17. How often is your patient's experience of symptoms severe enough to interfere with attention and concentration?

Never Seldom Often Frequently Very Frequently

Note: It is important that you relate particular medical findings to any reduction in capacity; the usefulness of your opinion to your patient's claim depends on the extent to which you do this.

18. To what degree can your patient tolerate work stress?

- Uncertain
- Incapable of even "low stress" jobs
- Capable of low stress jobs
- Moderate stress is okay
- Capable of high stress work

Please explain the reasons for your conclusion: _____

19. Please mark if the claimant has one or more of the following impairments:

(a) with a "need for changes in position or posture more than once every two hours"?
(1.04B) Yes No

(b) that affects walking "that interferes very seriously with the individual's ability to independently initiate, sustain or complete" normal activities of daily living?
(1.00B) Yes No

(c) with "significant and persistent disorganization of motor function in two extremities, resulting in sustained disturbance of gross and dexterous movements, or gait and station"?
(11.00C/11.04B) Yes No

If yes to any of the above, what medical findings support this: _____

20. Maximum ability to stand and walk (with normal breaks) during an 8-hour day.

- No limit
- about 6 hrs.
- about 4 hrs.
- about 3 hrs.
- about 2 hrs.
- less than 2 hrs.

21. Maximum ability to sit (with normal breaks) during an 8-hour day.

- No limit
- about 6 hrs.
- about 4 hrs.
- about 3 hrs.
- about 2 hrs.
- less than 2 hrs.

22. If your patient must periodically alternate sitting, standing or walking to relieve discomfort:

a. How long can your patient *sit* before changing position?

0 5 10 15 20 30 45 60 90
Minutes

b. How long can your patient *stand* before changing position?

0 5 10 15 20 30 45 60 90
Minutes

c. How *often* must your patient *walk around*? Frequency

0 5 10 15 20 30 45 60 90
Minutes

d. How *long* must your patient *walk each time*? Duration:

0 5 10 15 20 30 45 60 90
Minutes

Does your patient need the opportunity to shift *at will* from sitting or standing/walking?

Yes No

23. Will your patient sometimes need to lie down at unpredictable intervals during a work shift?

Yes No

If yes, how often do you think this will happen? _____

24. What medical findings support the limitations described above? _____

25. How often can your patient perform the following *postural activities*?

In an average 8 hour working day, "rarely", means 0% to 5% of the working day; "occasionally" means less than 1/3 of the working day; "frequently" means between 1/3 to 2/3 of the working day.

	Frequently	Occasionally	Rarely	Never
Twist				
Stoop (bend)				
Crouch				
Climb stairs				
Climb ladders				

26. Are the following PHYSICAL FUNCTIONS affected by the impairment?

Reaching (including overhead)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handling (gross manipulation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fingering (fine manipulation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pushing/Pulling	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27. How many pounds can your patient *lift and carry* in a competitive work situation?

In an average 8 hour working day, "rarely", means 0% to 5% of the working day; "occasionally" means less than 1/3 of the working day; "frequently" means between 1/3 to 2/3 of the average work day.

	Frequently	Occasionally	Rarely	Never
less than 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. How are these physical functions affected? _____

B. What medical findings support this? _____

ENVIRONMENTAL RESTRICTIONS:

	No Restriction	Avoid Concentrated Exposure	Avoid Even Moderate Exposure	Avoid All Exposure
Extreme cold				
Extreme heat				
Wetness				
Humidity				
Noise				
Fumes, odors, dusts, gases, poor ventilation, etc.				
Hazards (machinery, heights, etc.)				

28. State any other work-related activities which are affected by the impairment such as need for assistive device for ambulation, need to elevate leg, limits on kneeling, crawling, balancing, seeing, hearing or speaking, or limitations related to a mental impairment.

What medical findings support this? _____

29. On average, how often do you anticipate that your patient's impairments or treatment would cause your patient to be absent from work?

Never		About once a month		About three times a month
Less than once a month		About twice a month		More than four times a month

30. Please describe any other limitations (such as limitations using hands, arms, fingers, psychological limitations, limited vision, difficulty hearing, need to avoid temperature extremes, wetness, humidity, noise, dust, fumes, gases or hazards, etc.) that would affect your patient's ability to work at a regular job on a sustained basis:

31. Please state the approximate date from which claimant has continuously been unable to work: _____

32. Does your patient have drug and/or alcohol abuse issues? _____

33. If drug or alcohol abuse is present, is the claimant self-medicating an underlying mental or emotional problem?

Yes No

34. If drug or alcohol abuse is present, would the above limitations still exist *without* the drug and/or alcohol abuse?

Yes No

35. Is this a situation where years of past drug or alcohol abuse have resulted in ongoing health problems that will now exist even though drug or alcohol abuse may have reduced or abated?

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:

For Patient

Name: _____

Date of Birth: _____