

MENTAL MEDICAL SOURCE STATEMENT

From: _____ Re: _____

DOB: _____

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

1. Frequency and length of contact: _____

2. DSM-5 Mental Disorders/Principal Diagnoses: Other Conditions / Focus of Clinical Attention:

3. Treatment and response: _____

4. a. List of prescribed medications:

b. Identify your patient's side effects of medications that may affect working, *e.g.*, sedation, drowsiness, fatigue, lethargy, malaise, irritability, nausea, dizziness, *etc.*

5. List the *clinical findings* including those from mental status examination that demonstrate the severity of your patient's mental impairment and symptoms:

6. Prognosis: _____

7. Identify your patient's signs and symptoms:

Significant cognitive decline from a prior level of functioning in <i>one</i> or more of the cognitive areas: Complex attention; Executive function; Learning and memory; Language; Perceptual-motor; or Social cognition.	Hyperactive and impulsive behavior (e.g., difficulty remaining seated, talking excessively, difficulty waiting, appearing restless, or behaving as if being “driven by a motor”)
Delusions or hallucinations	Irritability
Qualitative deficits in verbal communication, nonverbal communication, and social interaction	Preoccupation with having or acquiring a serious illness without significant symptoms present
Increase in goal-directed activity or psychomotor agitation	Disregard for and violation of the rights of others
Depressed mood	Detachment from social relationships
Diminished interest in almost all activities	Distrust and suspiciousness of others
Restlessness	Instability of interpersonal relationships
Sleep disturbance	Pressured speech
Observable psychomotor agitation or retardation	Preoccupation with perfectionism and orderliness
Decreased energy	Easily fatigued
Feelings of guilt or worthlessness	Muscle tension
Difficulty concentrating or thinking	Disorganized thinking (speech)
Thoughts of death or suicide	Recurrent motor movement or vocalization
Excessive emotionality and attention seeking	Repetitive behaviors aimed at reducing anxiety
Flight of ideas	Inflated self-esteem
Decreased need for sleep	Distractibility
Involvement in activities that have a high probability of painful consequences that are not recognized	One or more somatic symptoms that are distressing, with excessive thoughts, feelings, or behaviors related to the symptoms
Grossly disorganized behavior or catatonia	Appetite disturbance with change in weight
Panic attacks followed by a persistent concern or worry about additional panic attacks or their consequences	Symptoms of altered voluntary motor or sensory function that are not better explained by another medical or mental disorder
Disproportionate fear or anxiety about at least two different situations (for example, using public transportation, being in a crowd, being in a line, being outside of your home, being in open spaces)	Persistent alteration in eating or eating-related behavior that results in a change in consumption or absorption of food and that significantly impairs physical or psychological health
Recurrent, impulsive, aggressive behavioral outbursts	Significantly restricted, repetitive patterns of behavior, interests, or activities
Frequent distractibility, difficulty sustaining	Significant difficulties learning and using

	attention, and difficulty organizing tasks		academic skills
	Involuntary, time-consuming preoccupation with intrusive, unwanted thought		
	Medical documentation of <i>all</i> of the following: 1. Exposure to actual or threatened death, serious injury, or violence; 2. Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks); 3. Avoidance of external reminders of the event; 4. Disturbance in mood and behavior; and 5. Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).		

8. To determine your patient's ability to do **work-related activities on a day-to-day basis in a regular work setting**, please give us your opinion **based on your examination** of how your patient's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not your patient's age, sex or work experience.

- **Limited but satisfactory** means your patient has noticeable difficulty (e.g., distracted from job activity) no more than 10 percent of the workday or work week.
- **Seriously limited** means your patient has noticeable difficulty (e.g., distracted from job activity) from 11 to 15 percent of the workday or work week.
- **Unable to meet competitive standards** means your patient has noticeable difficulty (e.g., distracted from job activity) from 16 to 25 percent of the workday or work week.
- **No useful ability to function**, an extreme limitation, means your patient cannot perform this activity on a regular, reliable and sustained schedule in a regular work setting.

I	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	Seriously limited	Unable to meet competitive standards	No useful ability to function
A.	Remember work-like procedures					
B.	Understand and remember very short and simple instructions					
C.	Carry out very short and simple instructions					
D.	Maintain attention for two-hour segment					
E.	Maintain regular attendance and be punctual within customary, usually strict tolerances					
F.	Sustain an ordinary routine without special supervision					
G.	Work in coordination with or proximity to others without being unduly distracted					
H.	Make simple work-related decisions					
I.	Complete a normal workday and workweek without interruptions from psychologically based symptoms					
J.	Perform at a consistent pace without an unreasonable number and length of rest periods					
K.	Ask simple questions or request assistance					
L.	Accept instructions and respond appropriately to criticism from supervisors					
M.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes					
N.	Respond appropriately to changes in a routine work setting					
O.	Deal with normal work stress					
P.	Be aware of normal hazards and take appropriate precautions					

Q Explain limitations falling in the three most limited categories (identified by **bold type**) and include the medical/clinical findings that support this assessment:

II.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO SEMISKILLED AND SKILLED WORK	Unlimited or Very Good	Limited but satisfactory	Seriously limited	Unable to meet competitive standards	No useful ability to function
A.	Understand and remember detailed instructions					
B.	Carry out detailed instructions					
C.	Set realistic goals or make plans independently of others					
D.	Deal with stress of semiskilled and skilled work					

E. Explain limitations falling in the three most limited categories (identified by **bold type**) and include the medical/clinical findings that support this assessment:

II I.	MENTAL ABILITIES AND APTITUDE NEEDED TO DO PARTICULAR TYPES OF JOBS	Unlimited or Very Good	Limited but satisfactory	Seriously limited	Unable to meet competitive standards	No useful ability to function
A.	Interact appropriately with the general public					
B.	Maintain socially appropriate behavior					
C.	Adhere to basic standards of neatness and cleanliness					
D.	Travel in unfamiliar place					
E.	Use public transportation					

F. Explain limitations falling in the three most limited categories (identified by **bold type**) and include the medical/clinical findings that support this assessment:

9. Is your patient's intellectual functioning limited?

Yes

No

If yes, please explain:

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other

physical symptom?

Yes

No

If yes, please explain:

11. If stress tolerance is an issue, what demands of work does this patient find stressful?

speed	being criticized by supervisors
precision	simply knowing that work is supervised
complexity	getting to work regularly
deadlines	remaining at work for a full day
working within a schedule	fear of failure at work
making decisions	monotony of routine
exercising independent judgment	little latitude for decision-making
completing tasks	lack of collaboration on the job
working with other people	no opportunity for learning new things
dealing with the public (strangers)	underutilization of skills
dealing with supervisors	lack of meaningfulness of work

12. Assuming your patient was trying to work full time, on the average, how often do you anticipate that your patient's impairments would cause your patient to be absent from work?

Never	About two days per month	About four days per month
About one day per month	About three days per month	More than four days per month

13. Has your patient's impairment lasted or can it be expected to last at least twelve months?

Yes No

14. Are your patient's impairments (as demonstrated by signs, clinical findings or test results) reasonably consistent with the symptoms and functional limitations described in this evaluation?

Yes No

If no, please explain:

15. Please describe any additional reasons not covered above why your patient would have difficulty working at a regular job on a sustained basis.

16. Can your patient manage benefits in his or her own best interest? Yes No

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By signing this form, I agree that while these questions were provided by my patient's attorney, the form was delivered to my office not completed in any way, and my patient's attorney made no suggestions nor did he or she take any part in formulating the answers, responses, or opinions contained herein.

Date

Signature

Printed/Typed Name: _____

Address: _____
