

MENTAL MEDICAL SOURCE STATEMENT

From: _____
Treatment Provider

Re: _____
Patient's Name

SSN: _____

Please answer the following questions concerning your patient's impairments. *Attach relevant treatment notes and test results* as appropriate.

1. Frequency and length of contact: _____

2. DSM-V Multiaxial Evaluation:

Axis I: _____

Axis IV: _____

Axis II: _____

Axis V: Current GAF: _____

Axis III: _____

Highest GAF Past year: _____

3. Treatment and response: _____

4. a. List of prescribed medications:

b. Describe any side effects of medications that may have implications for working. E.g., dizziness, drowsiness, fatigue, lethargy, stomach upset, etc.:

5. Describe the *clinical findings* including results of 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 by checking the box next to the symptom:

Anhedonia or pervasive loss of interest in almost all activities	Memory impairment – short, intermediate or long term
Appetite disturbance with weight change	Mood disturbance
Apprehensive expectation	Muscle or Motor tension
Autonomic hyperactivity	Oddities of thought, perception, speech or behavior
Blunt, flat or inappropriate affect	Panic disorder or agoraphobia
Catatonic or other grossly disorganized behavior	Paranoid thinking or inappropriate suspiciousness
Change in personality	Pathological dependence, passivity or aggression
Decreased energy	Pathologically inappropriate suspiciousness or hostility
Decreased need for sleep	Perceptual or thinking disturbances
Deeply ingrained, maladaptive patterns of behavior	Persistent disturbances of mood or affect
Difficulty thinking or concentrating	Persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity or situation
Disorientation to time and place	Persistent nonorganic disturbance of vision, speech, hearing, use of a limb, movement and its control, or sensation
Easily fatigued	Poverty of content of speech
Easy distractibility	Pressures of speech
Emotional lability	Psychological or behavioral abnormalities associated with a dysfunction of the brain with a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities
Emotional withdrawal or isolation	Psychomotor agitation or retardation
Feelings of guilt or worthlessness	Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress
Flight of ideas	Recurrent obsessions or compulsions which are a source of marked distress
Generalized persistent anxiety	Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average of at least once a week
Hallucinations or delusions	Seclusiveness or autistic thinking
Hyperactivity	Sleep disturbance
Illogical thinking	Somatization unexplained by organic disturbance
Impairment in impulse control	Substance dependence
Incoherence	Thoughts of suicide
Inflated self-esteem	Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury
Intense and unstable interpersonal relationships and impulsive and damaging behavior	Vigilance and scanning

	Involvement in activities that have a high probability of painful consequences which are not recognized		Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)
	Irritability		A history of multiple physical symptoms (for which there are no organic findings) of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
	Loosening of associations		A full scale (or comparable) IQ score of 70 or below on an individually administered standardized test of general intelligence; or a full scale (or comparable) IQ score of 71-75 accompanied by a verbal or performance IQ score (or comparable part score) of 70 or below on an individually administered standardized test of general intelligence
	Manic syndrome		

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 less than 10 percent of the workday or work week)
- **Marked** means your patient's functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited (11 to 20 percent of the workday or work week).
- **Extreme** means your patient is not able to function in this area independently, appropriately, effectively, and on a sustained basis (greater than 20 percent of the workday or work week).

I.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	Marked	Extreme
A.	Understand, remember, or apply information				
B.	Interact with others				
C.	Concentrate, persist, or maintain pace				
D.	Adapt or manage oneself				
E.	Remember work-like procedures				
F.	Understand and remember very short and simple instructions				
G.	Carry out very short and simple instructions				
H.	Maintain attention for two hour segment				
I.	Maintain regular attendance and be punctual within customary, usually strict tolerances				
J.	Sustain an ordinary routine without special supervision				
K.	Work in coordination with or proximity to others without being unduly distracted				
L.	Make simple work-related decisions				
M.	Complete a normal workday and workweek without interruptions from psychologically based symptoms				
N.	Perform at a consistent pace without an unreasonable number and length of rest periods				

O.	Ask simple questions or request assistance				
P.	Accept instructions and respond appropriately to criticism from supervisors				
Q.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes				
R.	Respond appropriately to changes in a routine work setting				
S.	Deal with normal work stress				
T.	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	Marked	Extreme
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:

III.	MENTAL ABILITIES AND APTITUDE NEEDED TO DO PARTICULAR TYPES OF JOBS	Unlimited or Very Good	Limited but satisfactory	Marked	Extreme
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. Does your patient have a low IQ or reduced intellectual functioning? Yes No

Please explain (with reference to specific test results):

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptom? Yes No

If yes, please explain:

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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> About two days per month | <input type="checkbox"/> About four days per month |
| <input type="checkbox"/> About one day per month | <input type="checkbox"/> About three days per month | <input type="checkbox"/> 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. If your patient's impairments include alcohol or substance abuse, do alcohol or substance abuse contribute to any of your patient's limitations set forth above? Yes No

If Yes, a) please list the limitations affected:

b) please explain what changes you would make to your description of your patient's limitations if your patient were totally abstinent from alcohol or substance abuse:

17. Can your patient manage benefits in his or her own best interest? Yes No
18. What is the **EARLIEST** date these limitations apply?: _____
19. Did you review patient's records from other providers either during treatment or while completing this form? Yes No

Date

Signature

Printed/Typed Name: _____

Address: _____

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