Medical Opinion of Ability to Perform Work-Related Activities (MENTAL)

This work is licensed by The Stasiuk Firm PC under a Creative Commons Attribution-ShareAlike 4.0 International license.

PATIENT: ______________________________

Please assist us in determining this individual's ability to do work-related activities on a sustained basis. "Sustained basis" means the ability to perform work-related activities eight hours a day for five days a week, or an equivalent work schedule (SSR 96-8p). Please give us your professional opinion of what the individual can still do despite his/her impairments. The opinion should be based on your findings with respect to medical history, clinical and laboratory findings, diagnosis, prescribed treatment and response, and prognosis.

For each ability described below:

(1) Use the following definitions for the rating terms.
- None / No Limitation -- The individual is able to function in this area independently, appropriately, effectively, and on a sustained basis.
- Mild Limitation -- The individual's ability to function in this area independently, appropriately, and effectively, on a sustained basis is slightly limited (equivalent to a 5% reduction in the capacity to perform the required function).
- Moderate Limitation – The individual's ability to function in this area independently, appropriately, and effectively, on a sustained basis is slight (equivalent to a 15% reduction in the capacity to perform the required function).
- Marked Limitation – The individual's ability to function in this area independently, appropriately, and effectively, on a sustained basis is seriously limited (equivalent to a 25% reduction in the capacity to perform the required function. There is a substantial loss in the ability to effectively function).
- Extreme Limitation – The individual is not able to function in this area independently, appropriately, and effectively, and on a sustained basis.

(2) Identify the factors (e.g., the particular medical science, laboratory findings, or other factors described above) that support your assessment.

DSM-IV Multi-axial Evaluation:

Axis I : ______________________ Axis IV : ______________________

Axis II : ______________________ Axis V: Current GAF : __________

Axis III : ______________________ Highest GAF in past year: __________

1) Is the ability to understand, remember, and carry out instructions affected by the impairment? No Yes

If "no," go to question #2. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities.

	None	Mild	Moderate	Marked	Extreme
Remember locations and work-like procedures.					
Understand and remember short, simple instructions.					
Carry out short, simple instructions.					
Understand and remember detailed instructions.					
Carry out detailed instructions.					
Maintain attention and concentration for extended periods.					
Perform activities within a schedule, maintain regular attendance and be punctual.					
Sustain an ordinary routine without special supervision.					
Work with or near others without being distracted by them.					
Make simple work-related decisions.					
Complete a normal workday or work week.					

	None	Mild	Moderate	Marked	Extreme
Perform at a consistent pace.					

What medical/clinical finding(s) support this assessment?

2) Is the ability to respond appropriately to supervision, co-workers, and work pressures in a work setting affected by the impairment? No Yes

If “no,” go to question #3. If “yes,” please check the appropriate block to describe the individual’s restriction for the following work-related mental activities.

	None	Mild	Moderate	Marked	Extreme
Interact appropriately with the public.					
Ask simple questions or request assistance.					
Accept instructions and respond appropriately to criticism from supervisors.					
Get along with co-workers or peers.					
Maintain socially appropriate behavior.					
Adhere to basic standards of neatness and cleanliness.					
Respond appropriately to changes in the work setting.					
Be aware of normal hazards and take appropriate precautions.					
Travel in unfamiliar places or use public transportation.					
Set realistic goals or make plans independently of others.					

What medical/clinical finding(s) support this assessment?

3) Are any other capabilities affected by the impairment? No Yes

If “no,” go to question #4. If “yes,” please identify the capability and how it is affected by the impairment.

Capability ______________________ Effect ______________________

______________________ ______________________

______________________ ______________________

What medical/clinical finding(s) support this assessment?

4) Based on the individual’s diagnosis, related symptoms and response to treatment, do you believe the individual can work forty (40) hours a week or an equivalent work schedule? No Yes

If no, please fill in the amount of time the patient may be able to work on a sustained basis.
____ hours a day (8 maximum) or ____ hours a week (40 maximum).

This work is licensed by The Stasiuk Firm PC under a
Creative Commons Attribution-ShareAlike 4.0 International license.

5) Does the individual require the option to take unscheduled breaks? No Yes

If yes, **how often**? Every 5 15 30 45 60 90 Minutes

For how long? 5 or less 10 15 Minutes

6) Please estimate, on average, how often the individual is likely to be absent from work as a result of impairments or treatment:

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

What medical/clinical finding(s) support the assessments in questions 4, 5, & 6?

7) Do the individual's impairment(s) include alcohol and/or drug abuse? No Yes

If "no," go to question #8. If "yes," please briefly describe the history and current use (if any) of alcohol and/or drugs.

Can you separate the limitations resulting from alcohol and/or drug abuse from those resulting from psychological causes? No Yes

Do alcohol and/or drug abuse contribute to any of the limitations set forth above? No Yes

Would the limitations described above continue even if the individual was totally abstinent from alcohol and/or drug abuse? No Yes

If "no," in what areas would you anticipate improvement if the individual was abstinent?

8) Can the individual manage their benefits in their own best interest? No Yes

9) What is the effective date for the limitations described in this questionnaire: ___________________________.

By my signature below, I affirm the foregoing is based upon my objective findings and not solely on my patient's subjective comments.

____
Signature

____
Date

____
Name (please print legibly)

THANK YOU FOR YOUR HELP!

This work is licensed by The Stasiuk Firm PC under a
Creative Commons Attribution-ShareAlike 4.0 International license.