RGG Law

MEDICAL SOURCE STATEMENT - PHYSICAL

1240 E Independence Suite 200 Springfield Missouri 65804 Ph: (417) 520-0305; Fax: (417) 864-4774

Patient: Medical Source:	SSN:
_	ctive findings and your professional judgment, what can this patient still do, despite his or he ent, on a <u>regular</u> and <u>continuing</u> basis (8 hours each day, 5 days per week)? Please note the re defined as:
•	ONALLY – means very little to one-third of an 8-hour workday ENTLY – means from one-third to two-thirds of an 8-hour workday
Please check the	appropriate boxes based on your professional judgment and definitions provided.
	ONAL LIMITATIONS
1.	Occasionally Lift or Carry.
	 □ Less than 10 pounds □ 10 pounds □ 20 pounds □ 50 pounds □ 100 pounds or more
2.	Frequently Lift or Carry.
	 ☐ Less than 10 pounds ☐ 10 pounds ☐ 25 pounds ☐ 50 pounds
	3. Stand and/or walk (with normal breaks) for a total of:
	Less than 2 hours in an 8-hour workday At least 2 hours in a 8-hour workday Less than 4 hours 6 hours in an 8-hour workday
4.	☐ Medically required hand-held assistive device is necessary for ambulation.
	5. Sit (with normal breaks) for a total of:
	Less than 2 hours in an 8-hour workday Less than 4 hours in an 8-hour workday Less than 6 hours in an 8-hour workday 6 hours in an 8-hour workday
6.	☐ Must periodically alternate sitting and standing to relieve pain or discomfort. ☐ Yes ☐ No
	7. Push and/or pull (including operation of hand and/or foot controls):
	Unlimited, other than as shown for lift and/or carry Limited in upper extremities (describe nature and degree) Limited in lower extremities (describe nature and degree)

None Established Frequently Occasionally New Climbing - ramp/stairs/ladder/rope/scaffold		8. Commen	ts or Explanati	ons:					
Climbing – ramp/stairs/ladder/rope/scaffold	3. POST	TURAL LIMI	TATIONS					-	
Balancing. Stooping (Bend forward at waist)		□ None	Established		Fre	quently		Occasionally	y Never
Balancing. Stooping (Bend forward at waist)	l. Climbing	- ramp/stairs/l	adder/rope/sca	ıffold][<u> </u>	
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Describe how these environmental factors impair activities and identify hazards to be avoided:	`	• •	•				[
	Describe	how these envi	ironmental fact	tors impair a	activit	ies and ic	dentify	hazards to be	avoided:
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Signature of	Medical Sour	ce	 	_	 -	

Date