

RGG Law
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MEDICAL SOURCE STATEMENT - MENTAL

Patient: _____ SSN: _____

Medical Provider: _____

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 your professional opinion of what the individual can still do despite his or her medical impairments.

If drug addiction or alcoholism is a diagnosis, please set forth *only* those limitations remaining if the individual abstained from use of drugs or alcohol.

For each function assessed below, please use the following definitions for the various rating terms:

- None** - Absent or minimal limitations. If limitations are present, they are transient and/or expected reactions to psychological stresses.
- Mild** - There is a slight limitation in this area, but the individual can generally function well.
- Moderate** - There is more than a slight limitation in this area, but the individual is still able to function satisfactorily.
- Marked** - There is serious limitation in this area. There is substantial loss in the ability to effectively function.
- Extreme** - There is major limitation in this area. There is no useful ability to function in this area.

LIMITATIONS

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>	<u>Extreme</u>
(1.) Understand and remember <i>simple</i> instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2.) Carry out <i>simple</i> instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>	<u>Extreme</u>
(3.) The ability to make judgments on <i>simple</i> work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4.) Interact appropriately with the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5.) Interact appropriately with supervisor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6.) Interact appropriately with co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7.) Respond appropriately to usual work situations and to changes in a routine work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8.) Ability to complete a normal work-day and work-week without interruptions from psychologically-based symptoms; and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

This Medical Source Statement - Mental sets forth my professional opinion of the patient's limitations and abilities. If drug addiction and/or alcoholism is a diagnosis, this statement sets forth the limitations and abilities remaining if the individual stopped using drugs and/or alcohol.

Signature _____

Date _____