

## MEDICAL OPINION RE: ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

To: \_\_\_\_\_

Re: \_\_\_\_\_

SSN: \_\_\_\_\_

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.

*Attach all relevant treatment notes, radiologist reports, laboratory and test results which have not been provided previously to the Social Security Administration*

- 1 *Seriously limited, but not precluded* means ability to function in this area is seriously limited and less than satisfactory, but not precluded. This is a substantial loss of ability to perform the work-related activity.
- 2 *Unable to meet competitive standards* means your patient cannot satisfactorily perform this activity independently, appropriately, effectively and on a sustained basis in a regular work setting.
- 3 *No useful ability to function*, an extreme limitation, means your patient cannot perform this activity in a regular work setting.

I.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	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, but not precluded	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:

III.	MENTAL ABILITIES AND APTITUDE NEEDED TO DO PARTICULAR TYPES OF JOBS	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not	Unable to meet competitive	No useful ability to function

			<b>precluded</b>	<b>standards</b>	
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:

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

V. On the average, how often do you anticipate that your patient's impairments or treatment 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

Onset Date of Above Limitations \_\_\_\_\_

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

Date  
7-6-07

Signature