

MEDICAL SOURCE STATEMENT – MENTAL (ADULT)

IN THE MATTER OF:

Claimant: _____; **SSN:** ____-____-_____

FOR SSI AND/OR SSDI BENEFITS

Patient: _____ Date of Birth: _____

Address: _____

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

From where did you get your medical degree? _____

What professional licenses do you hold? _____

What is your specialty? _____

How long have you been the Claimant's physician? _____

During this period of time, how many times have you seen the Claimant? _____

Please answer the following questions about the Claimant's mental health impairment(s) and how his ability to perform certain job functions and/or activities of daily living is affected by the impairment(s). Your answers should be based on the evidence in the Claimant's file and on your personal observations.

What are the Claimant's current diagnoses?

How long do you expect these impairments to last?

What is the Claimant's prognosis for improvement?

For each activity shown below, please use the following definitions for the ratings:

- **None:** Able to function independently, appropriately, effectively and on a sustained basis.
- **Mild:** Ability to function independently, appropriately, effectively, and on a sustained basis is slightly limited.
- **Moderate:** Ability to function independently, appropriately, effectively, and on a sustained basis is fair.
- **Marked:** Ability to function independently, appropriately, effectively, and on a sustained basis is seriously limited.
- **Extreme:** Not able to function independently, appropriately, effectively, and on a sustained basis.

Paragraph B1: Ability to understand, remember, or apply information	Degree of functional limitation				
	None	Mild	Moderate	Marked	Extreme
Understand and learn terms, instructions and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow one- or two-step oral instructions to carry out a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out complex instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe work activity to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask and answer questions and provide explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize a mistake and correct it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequence multi-step activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use reason and judgement to make work-related decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Count money and make change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paragraph B2: Interact with others	Degree of functional limitation				
	None	Mild	Moderate	Marked	Extreme
Cooperate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle conflict with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State his own point of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate or sustain conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and respond to social cues (physical, verbal, emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to requests, suggestions, criticism, correction, and challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact appropriately with customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write legibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paragraph B3: Concentrate, persist, or maintain pace	Degree of functional limitation				

	None	Mild	Moderate	Marked	Extreme
Initiate and perform a task that the Claimant understands and knows how to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at an appropriate and consistent pace without special supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete tasks in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ignore or avoid distractions while working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change activities or work settings without being disruptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work close to or with others without interrupting or distracting them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustain an ordinary routine and regular attendance at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work a full day without needing more than the allotted number or length of rest periods during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paragraph B4: Adapt or manage oneself	Degree of functional limitation				
	None	Mild	Moderate	Marked	Extreme
Travel to unfamiliar places or use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt to changes in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage his psychologically based symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguish between acceptable and unacceptable work performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set realistic goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make plans for oneself independent of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain personal hygiene and attire appropriate to a work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be aware of normal hazards and take appropriate precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paragraph B: Mental functioning in daily activities	Degree of functional limitation				
	None	Mild	Moderate	Marked	Extreme
Make and attend medical appointments independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take correct doses of medication at the prescribed times and frequency independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a budget, pay bills, and manage his finances independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop for and prepare nutritious foods independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create and maintain a clean and healthy living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the factors that support your assessment. It is very important that you do so because the SSA is required to consider the extent to which your assessment is supported by the medical record.

I solemnly swear and affirm upon personal knowledge and under the penalties of perjury that the contents of this report are true.

Signature: _____

Date: _____