

PHYSICAL MEDICAL SOURCE STATEMENT

From: Daniel A. Bridgman Esq. Re: _____ (Name of Patient)

XXX-XX- _____ (Social Security No.)

Please answer the following questions concerning your patient's impairments.

1. Frequency and length of contact: _____
2. Diagnoses: _____
3. List your patient's *symptoms*, including pain, dizziness, fatigue, etc:

4. If your patient has pain, characterize the nature, location, frequency, precipitating factors, and severity of your patient's pain:

5. Describe the treatment and response including any side effects of medication that may have implications for working, *e.g.*, drowsiness, dizziness, nausea, etc:

6. Have your patient's impairments lasted or can they be expected to last at least twelve months?
 Yes No
7. As a result of your patient's impairments, estimate your patient's functional limitations if your patient were placed in a *competitive work situation*.
 - a. How many city blocks can your patient walk without rest or severe pain? _____
 - b. Please indicate how long your patient can sit, stand/walk, stoop, and crouch total *in an 8-hour working day* (with normal breaks):

Sit	Stand/walk		Stoop/bend	Crouch/squat	
<input type="checkbox"/>	<input type="checkbox"/>	less than 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	Never
<input type="checkbox"/>	<input type="checkbox"/>	about 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	about 4 hours	<input type="checkbox"/>	<input type="checkbox"/>	Occasionally
<input type="checkbox"/>	<input type="checkbox"/>	at least 6 hours	<input type="checkbox"/>	<input type="checkbox"/>	Frequently
 - c. Does your patient need a job that permits shifting positions at will from sitting, standing or walking?
 Yes No
 - d. Will your patient sometimes need to take unscheduled breaks during a working day?
 Yes No

If yes, 1) how *often* do you think this will happen? _____

2) how **long** (on average) will your patient have to rest before returning to work? _____

3) what symptoms cause a need for breaks?

- Muscle weakness Pain/ paresthesias, numbness
- Chronic fatigue Adverse effects of medication
- Other: _____

e. While engaging in occasional standing/walking, must your patient use a cane or other hand-held assistive device? Yes No

If yes, what symptoms cause the need for a cane?

- Imbalance Pain Weakness
- Insecurity Dizziness

For this and other questions on this form, "rarely" means 1% to 5% of an 8-hour working day; "occasionally" means 6% to 33% of an 8-hour working day; "frequently" means 34% to 66% of an 8-hour working day.

f. How many pounds can your patient lift and carry in a competitive work situation?

	Never	Rarely	Occasionally	Frequently
Less than 10 lbs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. How much is your patient likely to be "**off task**"? That is, what percentage of a typical workday would your patient's symptoms likely be severe enough to interfere with **attention and concentration** needed to perform even simple work tasks?

- 0% 5% 10% 15% 20% 25% or more

h. Are your patient's impairments likely to produce "good days" and "bad days"? Yes No

If yes, assuming your patient was trying to work full time, please estimate, on the average, how many days per month your patient is likely to be absent from work as a result of the impairments or treatment:

- Never About three days per month
- About one day per month About four days per month
- About two days per month More than four days per month

Date

Signature

Printed/Typed Name: _____

Address: _____

