

Dr. \_\_\_\_\_  
Address  
City, ST Zip

RE: Patient: Tom Smith  
SS#: 123-45-6789

Dear Dr. \_\_\_\_\_:

I recently filed a claim for Social Security benefits. I expect that a hearing in my case will be scheduled soon.

The theory of my case is that I am unable to work because of difficulties in concentrating due to depression, as well as likely problems with job reliability and handling everyday work stress.

I have studied the treatment notes from your office and from other doctors who have treated. What I need, however, is a statement from you, as a primary treating doctor that goes into a bit more detail about my specific limitations.

The enclosed form is a straightforward way to "translate" medical findings into work limitations. You would be of immense help to both me if you would assist the treating psychiatrist in filling out this form and faxing or mailing back to me.

In particular, I call your attention to the following questions, which are most persuasive to a Social Security Judge:

Question 5 (work absences) - three or more times per month is considered very significant

Question 12 (uninterrupted workday) - a "marked" limitation is considered as a significant work problem

Question 13 (work stressors) - a "marked" limitation is considered as a significant work problem

Please also note that I am alleging an "onset date" for my disability of \_\_\_\_\_.  
Question III on the last page of the form asks you for your opinion as to the onset date.

Please feel free to call me if you have any questions about this request.

Thanks for your help.

VERY TRULY YOURS,

## MENTAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

To: \_\_\_\_\_ (Medical Provider)

Re: \_\_\_\_\_ (Name of Patient)

Please answer the following questions concerning your patient's impairments. Attach all relevant treatment notes, radiologist reports, laboratory and test results which have not been provided previously to our office.

1. Frequency and length of contact: \_\_\_\_\_  
\_\_\_\_\_

2. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

3. Identify your patient's symptoms associated with this diagnosis:

- |   |   |
|---|---|
| <input type="checkbox"/> poor memory  | <input type="checkbox"/> perceptual disturbances  |
| <input type="checkbox"/> appetite disturbance with weight change                  | <input type="checkbox"/> time or place disorientation   |
| <input type="checkbox"/> sleep disturbance  | <input type="checkbox"/> catatonia or grossly disorganized behavior<br>social withdrawal or isolation |
| <input type="checkbox"/> personality change                                       | <input type="checkbox"/> blunt, flat or inappropriate affect  |
| <input type="checkbox"/> mood disturbance   | <input type="checkbox"/> illogical thinking or loosening of associations                              |
| <input type="checkbox"/> emotional lability                                       | <input type="checkbox"/> decreased energy   |
| <input type="checkbox"/> loss of intellectual ability of<br>15 IQ points or more  | <input type="checkbox"/> hostility and irritability   |
| <input type="checkbox"/> delusions or hallucinations                              | <input type="checkbox"/> manic syndrome   |
| <input type="checkbox"/> substance dependence                                     | <input type="checkbox"/> obsessions or compulsions  |
| <input type="checkbox"/> recurrent panic attacks                                  | <input type="checkbox"/> intrusive recollections of a traumatic<br>experience                         |
| <input type="checkbox"/> feelings of guilt or worthlessness                       | <input type="checkbox"/> persistent irrational fears  |
| <input type="checkbox"/> anhedonia or pervasive loss of interest<br>in activities | <input type="checkbox"/> generalized persistent anxiety   |
| <input type="checkbox"/> psychomotor agitation or retardation                     | <input type="checkbox"/> oddities of thought, perception, speech or disturbance<br>behavior           |
| <input type="checkbox"/> suicidal ideation or attempts                            | <input type="checkbox"/> somatization unexplained by organic  |
| <input type="checkbox"/> paranoia or inappropriate suspiciousness                 | <input type="checkbox"/> pathological dependence or passivity   |
| <input type="checkbox"/> difficulty concentrating or thinking                     |   |

Other symptoms and remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How often is your patient's experience of the symptoms described in question (3) above severe enough to interfere with attention and concentration

- Never       Seldom       Often       Frequently       Constantly

5. Would you anticipate that the patient's impairments or treatment would cause the patient to be absent from work?

- never       about once a month       about twice a month       three or more times a month

Each mental activity is to be evaluated within the context of the individual's capacity to sustain that activity over a normal 8-hour workday and workweek (consisting of 5 workdays) on an ongoing basis (50 weeks per year). Detailed explanation of the degree of limitation for each category (A through D), as well as any other assessment information you deem appropriate, is to be recorded in Section III (Functional Capacity Assessment).

I.	Marked Limitations	Moderate Limitations	Some Evidence of Limitations	No Evidence of Limitations in this Category	Not Ratable on Available Evidence
<b>A. <u>UNDERSTANDING AND MEMORY</u></b>					
1. The ability to understand and remember locations and work-like procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very <i>short and simple</i> instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember <i>detailed</i> instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. <u>SUSTAINED CONCENTRATION AND PERSISTENCE</u></b>					
4. The ability to carry out very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. <u>MAKING OCCUPATIONAL ADJUSTMENTS</u></b>					
7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The ability to follow work rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Marked Limitations	Moderate Limitations	Some Evidence of Limitations	No Evidence of Limitations in this Category	Not Ratable on Available Evidence
10. The ability to work in coordination with or proximity to others without being distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The ability to complete a normal workday and workday 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"/>
13. The ability to deal with work stressors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. <u>SOCIAL INTERACTION</u></b>					
14. The ability to interact appropriately with the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The ability to ask simple questions or request assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The ability to interact with supervisor(s) and accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The ability to maintain socially appropriate behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The ability to adhere to basic standards of neatness and cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. <u>ADAPTATION</u></b>					
20. The ability to respond appropriately to changes in the work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Marked Limitations	Moderate Limitations	Some Evidence of Limitations	No Evidence of Limitations in this Category	Not Ratable on Available Evidence
21.	The ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	The ability to travel in unfamiliar places or use public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	The ability to set realistic goals or make plans independently of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. **REMARKS:** Describe any above noted limitations and include the medical/findings that support this assessment; e.g., intellectual ability, thought organization, memory, comprehension, etc. . . .

III. **ONSET DATE:** Within reasonable medical certainty, what is the earliest date that the limitations described above would apply?

IV. **OTHER WORK RELATED ACTIVITIES:** State any other work-related activities which are affected by the impairment, and indicate how the activities are affected. What are the medical/clinical findings that support this assessment?

V. **CAPABILITY TO MANAGE BENEFITS:** Can the individual manage benefits in his or her own best interest?

Yes  No

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MEDICAL CONSULTANT'S SIGNATURE/TITLE

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DATE