

MEDICAL SOURCE STATEMENT

BORDERLINE PERSONALITY DISORDER

Instructions/ Disclosure: This form is intended to be completed by a treating medical provider for the listed patient. If you are unable to provide an answer to a question, please mark "N/A" or leave it blank. Please note this information will only be used in strict confidence for evaluation of the Patient's claim for disability by the Social Security Administration and will not be used in any other way. Thank you.

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth:
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PROVIDER & CLINIC INFORMATION

Provider Name:		Area(s) of Practice:
Clinic Name:		
Address:	Office Number:	Fax Number:
Date of Patient's First Exam:		Date of Patient's Most Recent Exam
Today's Date:		

Please complete the following questions based on your professional opinion regarding the patient's physical and cognitive limitations related to their diagnosed medical condition, symptoms, and side effects from medications and treatment.

1. When was the patient first treated for their mental health at your facility?
2. What mental illness(es) has/have the patient been diagnosed with, what is the earliest date of each diagnosis, and what is the level of severity of each diagnosis?
3. What is the patient's current prognosis concerning their mental illness(es)?
4. Please describe the symptoms the patient has for each of the above stated mental illness(es)?
5. What medication(s) have been prescribed to treat the mental illness(es) listed in Q2? Please also indicate any changes in medication types or dosages.

6. What are the known or alleged side effects that the patient experiences due to the medication(s) they are taking?

7. If the patient has a diagnosis of borderline personality disorder (BPD), please describe the suspected causes that appear to be the root cause of the BPD including any instances of being exposed to childhood or prolonged periods of trauma.

8. If the patient has a diagnosis of BPD, does the Patient experience subsequent involuntary impulsive decisions that have damaged many areas of their life (i.e., abusive/domestic violence relationships/friendships, incarceration, attempted suicide, self-injurious behaviors, unplanned pregnancies, sexually transmitted diseases, reckless driving, excessive spending, fights)?

9. Does the patient experience sudden changes in their interests and values that cause them to make impulsive decisions?

10. Does the patient experience disturbances in their mood and behavior? If so, please explain the disturbances and their effect on their mood and behavior in detail.

11. If the patient has a diagnosis of BPD, do they experience inappropriate, intense anger, or problems controlling their anger?

12. Does the patient suffer from extreme fear of abandonment that causes them to avoid real or imagined abandonment, such as rapidly initiating intimate (physical or emotional) relationships or cutting off communication with someone in anticipation of being abandoned?

13. If the patient suffers from extreme fear of abandonment, how might this affect their ability to maintain steady employment? (i.e., frequent change in feelings, all-or-nothing thinking that leads to problems with workplace relationships resulting in unstable relationships and divisive workplaces that often leads to the Patient having to move from job to job)

14. Does the patient have an extreme disregard for and/or violate the rights of others, particularly in the workplace towards supervisors, co-workers, and/or the general public?

15. Does the patient have difficulty interacting with others (such as cooperating with others, asking for help when needed, handling conflicts, understanding and responding to social cues, and keeping social interactions free of excessive irritability, sensitivity, or suspiciousness)?

16. Does the patient suffer from marked-to-extreme difficulty to adapt or manage oneself (i.e., ability to regulate emotions, control behavior, and maintain well-being in a work setting such as adapting to changes, distinguishing between acceptable and unacceptable work performance, maintaining personal hygiene or attire appropriate to a work setting)?

17. Does the patient suffer from recurring thoughts of suicidal behaviors or threats that are uncontrollable due to chronic feelings of emptiness?

18. Does the patient feel emotions intensely and for extended periods of time that causes marked-to-extreme difficulty for them to return to a stable baseline after an emotionally triggering event? If so, please indicate how long these episodes may last.

19. Does the patient suffer from dissociation/dissociative feelings including disconnecting from their thoughts or sense of identity, or “out of body” feelings, and/or stress related paranoid thoughts?

Rating of each area is based on the ability for the patient to function independently, appropriately, effectively, and on a sustained basis:

- Mild:** The ability to function in this area is slightly limited.
Moderate: The ability to function in this area is less than marked but more than mild.
Marked: The ability to function in this area is seriously limited.
Extreme: The ability to function in this area is precluded.
No Limitation: There is no evidence available to rate the ability to function in this area.

20. Limitations concerning patient's Sustained Concentration and Persistence due to patient's borderline personality disorder symptoms as related to:

The ability to maintain attention and concentration for extended periods:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to sustain an ordinary routine without:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to interact in coordination with others appropriately:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any responses to Q20 that indicate a **MARKED** or **EXTREME** limitation, please provide at least one example below:

21. Limitations concerning patient's Social Interaction due to Patient's borderline personality disorder symptoms as related to:

The ability to maintain socially appropriate behavior:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to handle conflicts with others:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to initiate or sustain conversation:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to understand and respond to social cues (physical, verbal, emotional):

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to keep social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any responses to Q21 that indicate a **MARKED** or **EXTREME** limitation, please provide at least one example below:

22. Limitations concerning patient's ability for Adaptation due to patient's borderline personality disorder symptoms as related to:

The ability to regulate emotions, control behavior, and maintain well-being outside the household:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to manage psychologically based symptoms:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to set realistic goals:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to tolerate normal levels of stress:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to make plans independently of others:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ability to be aware of normal hazards and take appropriate precautions:

Mild Limitation	Moderate Limitation	Marked Limitation	Extreme Limitation	No Limitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any responses to Q22 that indicate a **MARKED** or **EXTREME** limitation, please provide at least one example below:

Provider's Name and Designation

Provider's Specialty

Provider Signature

Date

PRIVACY ACT NOTICE: The information requested on this form will be used in deciding this patient's Social Security Disability Claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

TO RETURN THIS REPORT

Electronic preferred

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