

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES
(MENTAL)

Name of Individual: _____

SSN: _____

This form will be used to help determine this individual's ability to do work-related activities in a normal work setting 8 hours per day, 40 hours per week. Your assessment must be based on your treatment and/or examination of this claimant. The focus is upon how this individual's mental/emotional capabilities are affected by their impairments.

For each activity shown below:

(1) Describe the individual's ability to perform the activity according to the following terms

Unlimited or Very Good - Ability to function in this area is more than satisfactory.

Good - Ability to function in this area is limited but satisfactory.

Fair - Ability to function in this area is seriously limited.

Poor or None - No useful ability to function in this area.

(2) Identify the particular medical or clinical findings (i.e., mental status examination, behavior, observations, intelligence test results, and symptoms) which support your assessment of any limitations.

IDENTIFICATION OF PSYCHOLOGICAL DIAGNOSES

Please identify the diagnoses which support the opinions that you offer in this assessment:

1. _____
2. _____
3. _____
4. _____
5. _____

MAKING OCCUPATIONAL ADJUSTMENTS

Mark the blocks representing the individual's ability to adjust to a job and complete item number 9.

	Unlimited/ Very Good	Good	Fair	Poor/None
1. Follow work rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Relate to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Deal with the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interact with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Deal with work stresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Function independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Maintain attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please discuss the medical or clinical findings that support this assessment. You are encouraged to specifically explain the basis for your opinion.

MAKING PERFORMANCE ADJUSTMENTS

Mark the blocks representing the individual's ability to adjust to a job and complete item number 4.

	Unlimited/ Very Good	Good	Fair	Poor/None
1. Understand, remember & carry out complex instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understand, remember & carry out detailed, but not complex instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understand, remember & carry out simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please discuss the medical or clinical findings that support this assessment. You are encouraged to specifically explain the basis for your opinion.

MAKING PERSONAL-SOCIAL ADJUSTMENTS

Mark the blocks representing the individual's ability to adjust to a job and complete item number 5.

	Unlimited/ Very Good	Good	Fair	Poor/None
1. Maintain personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Behave in an emotionally stable manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Relate predictably in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrate reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please discuss the medical or clinical findings that support this assessment. You are encouraged to specifically explain the basis for your opinion.

ADDITIONAL QUESTIONS

1. Is this individual likely to decompensate in a work setting due to stress? Y or N

2. Is this individual likely to miss three or more days of work per month due to psychological symptoms or difficulties? Y or N

3. Does this individual have a significant limitation in their ability to complete a normal workday and work week without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods? Y or N

4. As a result of their impairments, would this individual be expected to often or frequently experience deficiencies in concentration, persistence, or pace resulting in a failure to complete tasks in a timely manner? Y or N

5. Can this individual manage benefits in his or her own best interest? Y or N

6. Has this individual's impairments lasted or can they be expected to last at the level of severity identified in this assessment for a continuous period of not less than 12 months? Y or N

