LUPUS (SLE) MEDICAL SOURCE STATEMENT

Fror	n:														
Re:		(Name of Patient)													
			(Socia	al Sec	urity	No.)									
			e following questions concerning radiologist reports, laboratory an		-	ient's impairments. Attach relevant lts as appropriate.									
1.	Freque	Frequency and length of contact:													
2.	identif least f	Does your patient fulfill the diagnostic criteria for systemic lupus erythematosus (SLE) dentified by the American College of Rheumatology (namely, exhibit at any time at least four of the first eleven signs or symptoms listed in question #4 below)? \[\sum \text{Yes} \sum \sum \text{No} \]													
3.	Other	dıagn	oses:												
4.	Identify any clinical findings, laboratory and test results, symptoms and positive objective signs of your patient's impairment (or adverse effects of treatments):														
	a.		Malar rash (over the cheeks)	c.		Photosensitivity									
	b.		Discoid rash	d.		Oral ulcers									
	e.		Non-erosive arthritis involving pain in two or more peripheral joints. <i>Note if affected joints also exhibit:</i> tenderness swelling effusion		Iden	ntify affected joints:									
	f.		Cardiopulmonary involvement	show	n by p	pleuritis or pericarditis									
	g.		Renal involvement shown by a) greater than 0.5 gm/day or [
	h.		<u> </u>			n by seizures and/or psychosis (in									
	i.		absence of drugs or metabolic d Hemolytic anemia <i>or</i>	isturt	ance	s known to cause such effects)									
	j.		leukopenia (white blood count below 4,000/mm³) <i>or</i> lymphopenia (below 1,500 lymphocytes/mm³) <i>or</i> thrombocytopenia (below 100,000 platelets/mm³) Anti-DNA <i>or</i> anti-Sm anti-body <i>or</i> positive finding of antiphospholipid antibodies based on 1) abnormal serum level of IgG or IgM anticardiolipin antibodies, 2) a positive test result for lupus anticoagulant using a standard												
				rmed	by T	t for syphilis known to be positive reponema pallidum immobilization to tion test.									

	k.		Positive test for ANA cause abnormality)	at any p	oint ir	n time (in absend	ce of drugs kn	own to
	1.	Con	stitutional Symptoms Severe fatigue Involuntary weight lo	SS		☐ Fever ☐ Malaise		
	m. L	ist an	y other signs or sympto	oms:				
5.	Iden	ntify N	Major Organ or Body S Respiratory	ystem In	ıvolve	Renal - Glon	nerulonephritis	_
		닏	Pleuritis			Neurologic -	Seizures	
		Ш	Pneumonitis Cardiovascular	Ц		Mental		
	Ц		Endocarditis			Anxiety Eluctuating of	ognition – lup	us fog
			Myocarditis			Mood disorde		us 10g
			Pericarditis			Organic brain		
		H	Vasculitis		H	Psychosis	i symaromic	
	П	ш	Hematologic	П	ш	2	ne system dis	order
		П	Anemia		П	Inflammatory	<u> </u>	
			Leukopenia			Sjögren's syr		
			Thrombocytopenia		_	Skin		
6.	Fun	ctions	l Limitations					
0.			n of activities of daily l	iving		None or Mild	Moderate	Marked
	Lim	itatio	n in maintaining social	function	ning	□ None or Mild	□ Moderate □	□ Marked □
	man	ner d	n in completing tasks in ue to deficiencies in co se or pace		-	None or Mild	Moderate □	Marked
7.	Do emo		al factors contribute to t	the seven	rity of	your patient's s	symptoms and No	functional
8.	(partici	ularly	cribed medications and of steroids, if applicab owsiness, stomach upse	le) that 1	nay ha	ave implications	s for working,	
9.	Progr	nosis:						

10.	На	eve your patient's impairments lasted or can they be expected to last at least 12 months? \[\sum \text{Yes} \text{No} \]
11.	As yo	a result of your patient's impairments, estimate your patient's functional limitations if ur patient were placed in a <i>competitive work situation</i> :
	a.	How many city blocks can your patient walk without rest?
	b.	Please circle the hours and/or minutes that your patient can sit <i>at one time</i> , e.g., before needing to get up, etc.
		Sit: 0 5 10 15 20 30 45
	c.	Please circle the hours and/or minutes that your patient can stand <i>at one time</i> , e.g., before needing to sit down, walk around, etc.
		Stand: 0 5 10 15 20 30 45 Minutes 1 2 More than 2 Hours
	d.	Please indicate how long your patient can sit and stand/walk <i>total in an 8-hour working day</i> (with normal breaks):
		Sit Stand/walk less than 2 hours about 2 hours about 4 hours at least 6 hours
	e.	Does your patient need a job that permits shifting positions <i>at will</i> from sitting, standing or walking?
	f.	Will your patient sometimes need to take unscheduled breaks during a working day? Yes No
		If yes, 1) how <i>often</i> do you think this will happen?
		2) how <i>long</i> (on average) will your patient have to rest before returning to work?
		3) on such a break, will your patient need to \square lie down or \square sit quietly?
	g.	While engaging in occasional standing/walking, must your patient use a cane or other assistive device? Yes No

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.

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

			Never	Rarely	Occas	ionally	Freque	ently	
	10 lbs.	an 10 lbs.			[
	20 lbs. 50 lbs.				[
i.	How often can	your patient per	form th	e following	activities?				
			Never	Rarely	Occasi	onally	Freq <u>u</u> ei	ntly	
	Twist Stoop (l	pend)]			
	Crouch/	' squat]			
	Climb la Climb s]			
j.	indicate the pe	has significant larcentage of time arms for the follow	during	an 8-hour w					
		HANDS:		NGERS:	ARM		AR		
		Grasp, Turn Twist Objects		Fine <u>ipulations</u>	Reach In Front	_		ching <u>head</u>	
	Right:	%		%		%		0/0	
	Left:	%		%		%		%	
k.	State the degree	ee to which your	patient	should avoid	the follow	ving:			
						AV(OID		
ENVIR	ONMENTAL	NO		AVO		EV]		AVOID	
	ICTIONS	NO RESTRICTION	ONS	CONCENT EXPOS		MODE EXPO		ALL EXPOSURE	
Extreme]		
Extreme						[]	
High hus Wetness	•								
Cigarette smoke									
Perfumes \square									
Solderin									
	/cleaners odors, gases					_]		
Dust	acis, gases						-]		
Chemica	als]		
List othe	er irritants:								

	1.	wor	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%	6 [5%		10%		15%		20%		25% or r	nore	
	m.	To v	vhat	deg	ree c	an :	your p	atient	tolerat	e worl	k stress'	?					
	*														of low stress work of high stress work		
		Please explain the reasons for your conclusion:															
	n.	n. Are your patient's impairments likely to produce "good days" and "bad days"?															
If yes, assuming your patient was trying to work full time, please estimate, on t average, how many days per month your patient is likely to be absent from wor result of the impairments or treatment:												nate, on the From work	e as a				
						Aboi	ut one		er mon per mo		\square A	About	four da	ays pe	er month er month s per mon	th	
12.	der	nons	trate	d by	sign	ıs, c	clinica	l findi	ngs an	d labo	ratory of	r test	results in this	reaso			
	If r	no, pl	ease	exp	lain:	:											
13.	dif	ease d ficult staine	y he	earing	any (g, et	othe c.) t	er limi hat w	tations ould a	s (such ffect yo	as psy our pa	vcholog tient's a	ical li bility	mitatio to wor	ns, lii k at a	nited vision regular jo	on, b on a	
								_									
<i>Date</i> 7-48					Prir	ıted	!/Type	d Nam		ıature							
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