

D. Objective**Attach chart notes detailing examination findings.**

Describe any non-exertional limitations or workplace restrictions (such as chemical sensitivities or inability to work at heights):

List all laboratory, imaging, range of motion, and other diagnostic test results (attach reports):

E. Assessment

1. List each diagnosis in Column 1 below, starting with the primary impairment.
2. In Column 3 below, estimate the severity of the diagnosis based on your professional medical opinion using the following definitions:

RATING	SEVERITY	DEFINITION
1	None	No interference with the ability to perform one or more basic work-related activities
2	Mild	No significant interference with the ability to perform one or more basic work-related activities
3	Moderate	Significant interference with the ability to perform one or more basic work-related activities
4	Marked	Very significant interference with the ability to perform one or more basic work-related activities
5	Severe	Inability to perform one or more basic work-related activities

Basic work activities include (a) sitting, (b) standing, (c) walking, (d) lifting, (e) carrying, (f) handling, (g) pushing, (h) pulling, (i) reaching, (j) stooping, (k) crouching, (l) seeing, (m) hearing, and (n) communicating.

DIAGNOSIS	AFFECTED WORK ACTIVITY (See (a) – (n) above)	SEVERITY RATING

In your professional medical opinion, what work level is the client capable of performing in a regular* predictable manner despite their impairment?

- Heavy work** Able to lift 100 pounds maximum and frequently** lift or carry up to 50 pounds.
- Medium work** Able to lift 50 pounds maximum and frequently** lift and/or carry up to 25 pounds.
- Light work** Able to lift 20 pounds maximum and frequently** lift or carry up to 10 pounds, able to walk or stand six out of eight hours per day, and able to sit and use pushing or pulling arm or leg movements most of the day.
- Sedentary work**.. Able to lift 10 pounds maximum and frequently** lift or carry lightweight articles. Able to walk or stand only for brief periods.
- Severely limited**. Unable to meet the demands of sedentary work.

* Regular predictable manner means the person is capable of sustaining the work level over a normal workday and workweek on an ongoing, appropriate, and independent basis.

** Frequently means the person is able to perform the function for 2.5 to 6 hours out of an 8 hour day. It is not necessary that performance be continuous.

DURATION

How long do you estimate the current limitation on work activities will persist with available medical treatment? _____
MONTHS

SUBSTANCE ABUSE

Are the current impairments primarily the result of alcohol or drug use within the past 60 days? Yes No

Would the current level of impairment be expected to persist following 60 days of sobriety? Yes No

If not, how would they change?

Is alcohol / drug treatment recommended? Yes No

F. Plan

List any additional tests or consultations needed:

What treatment is recommended?

RETURN THIS REPORT TO:	PRINT NAME OF EXAMINING PROFESSIONAL	EXAMINATION DATE
	SPECIALTY AREA/ADVANCED TRAINING	TELEPHONE NUMBER
WORKER SIGNATURE	STREET ADDRESS	CITY
DATE	STATE	ZIP CODE
TELEPHONE NUMBER	EXAMINING PROFESSIONAL'S SIGNATURE/TITLE	
	DATE	
FAX NUMBER	REVIEWING AND ADOPTING PROFESSIONAL'S SIGNATURE	
	DATE	