

**Chronic Pain
Medical Assessment Form**

To:

Re:

SSN: XXX-XX-

Please answer the following questions concerning your patient's impairments if they were working 8 hours a day 5 days a week continuously 52 weeks a year in a competitive work setting. *Attach all relevant treatment notes, radiologist reports, laboratory and test results which have not been provided previously to the Social Security Administration.*

1. Date began treatment: _____ Frequency of tx: _____

2. Does your patient exhibit peripheral neuropathy? _____ Yes _____ No

Other diagnoses: _____

3. Prognosis: _____

4. If your patient has significant limitations with **reaching, handling or fingering**.

a. What symptom(s) cause limitations with use of the upper extremities?

___ pain / paresthesia ___ motor loss ___ sensory loss / numbness

___ swelling ___ muscle weakness ___ side effects of medication

___ limitation of motion other: _____

b. Please characterize the **severity** of the pain / paresthesia:

___ **mild** (pain level 0-3 up to 2 hours a day)

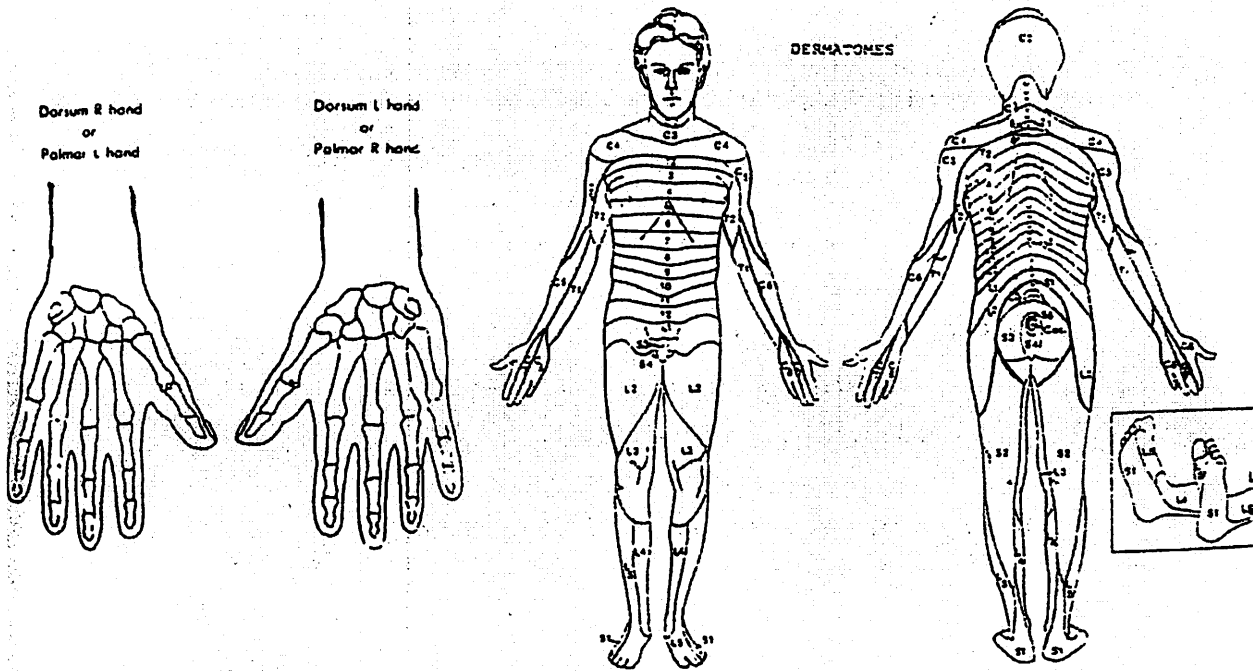
___ **moderate** (pain level 4-6 up to 4-6 hours a day)

___ **severe** (pain level of 7 and above constantly throughout the day)

c. Please estimate the percentage of time during an eight-hour workday that your patient can use hands / fingers / arms for the following activities:

	HANDS: Grasp, Turn Twist Objects	FINGERS: Fine Manipulations	ARMS: Reaching (inc. Overhead)
Right	_____ %	_____ %	_____ %
Left	_____ %	_____ %	_____ %

5. If your patient exhibit chronic pain / paresthesia, characterize the **severity** of the pain / paresthesia:
- ___ **mild** (pain level 0-3 up to 2 hours a day)
- ___ **moderate** (pain level 4-6 up to 4-6 hours a day)
- ___ **severe** (pain level of 7 and above constantly throughout the day)
6. Identify the **location and frequency** of pain/paresthesia by shading the relevant body portions and labeling as constant (C), frequent (F), or intermittent (I):



- a. Identify any positive objective signs of your patient's impairments:

___ SLR right at ___%	___ tenderness	___ weight change
___ SLR left at ___%	___ crepitus	___ sensory changes
___ swelling	___ reflex changes	___ atrophy
___ spasm	___ impaired sleep	___ motor loss
___ muscle weakness	___ impaired appetite	___ chronic fatigue
___ other: _____		

- c. Does your patient exhibit significant limitation of motion (LOM)?

___ Yes ___ No

If yes, please indicate (or attach) LOM for the affected joint(s): _____

7. Identify any other positive clinical findings and test results (e.g., myelegram, MRI, CT scans, EMG/NCS): _____

For this and other questions on this form, “rarely” means 1% to 5% of an eight-hour working day; “occasionally” means 6% to 33% of an eight-hour working day; “frequently” means 34% to 66% of an eight-hour working day.

8. If your patient experiences symptoms which interfere with the **attention and concentration** needed to perform even simple work tasks, during a typical workday, please estimate the **frequency** of interference:

Rarely **Constantly** **Occasionally** **Frequently**

9. If your patient was placed in a competitive job, identify those aspects of workplace stress that your patient would be **unable to perform** or be exposed to:

- public contact
- routine, repetitive tasks at consistent pace
- detailed or complicated tasks
- strict deadlines
- close interaction with coworkers/supervisors
- fast paced tasks (e.g., production line)
- exposure to work hazards (e.g., heights or moving machinery)
- other: _____

10. Identify any side effects of any medications, which may have implications for working:

- drowsiness / sedation
- other: _____

11. Have your patient’s impairments lasted or can they be expected to last at least twelve months? Yes No

12. As a result of your patient’s impairment(s), estimate your patient’s functional limitations assuming your patient was placed in a competitive work situation on an ongoing basis:

a. How many city blocks can the patient **walk** without rest or severe pain? _____

b. Please indicate how long your patient can sit and stand/walk total in an eight hour work day (with normal breaks)?

Sit	Stand/Walk
<input type="checkbox"/>	<input type="checkbox"/> less than 2 hours
<input type="checkbox"/>	<input type="checkbox"/> about 2 hours
<input type="checkbox"/>	<input type="checkbox"/> about 4 hours
<input type="checkbox"/>	<input type="checkbox"/> at least 6 hours

c. If your patient’s symptom(s) would likely cause the need to take unscheduled breaks to rest during an average eight-hour workday,

1. How many times during an average workday do you expect this to happen?

0 1 2 3 4 5 6 7 8 9 10 More than 10

