CIRRHOSIS/LIVER DISEASE
MEDICAL ASSESSMENT FORM

TO: Dr._____

RE: _____

SSN: _____

Please answer all the following questions concerning your patient's cirrhosis and other health problems. *Attach all relevant treatment notes, 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 cirrhosis? ☐ Yes ☐ No

   If yes, what classification of cirrhosis does your patient exhibit?
   ☐ micronodular ☐ macronodular ☐ mixed

   Other diagnoses: _____

3. Prognosis: _____

4. Identify any **symptoms or signs** that your patient exhibits due to his/her impairments:

☐ weakness	☐ jaundice	☐ sleep disturbance
☐ emesis	☐ pleural effusions	☐ recurrent/persistent diarrhea
☐ recurrent fevers	☐ hot/cold spells	☐ spider nevi
☐ asteixis	☐ tremor	☐ dysarthria
☐ cholangitis	☐ splenomegaly	☐ anemia
☐ ecchymotic lesions	☐ chronic fatigue	☐ bowel incontinence
☐ recurrent dizzy spells	☐ history of varices	☐ hematemesis
☐ recurrent nausea/vomiting	☐ ascites	☐ peripheral edema
☐ encephalopathy with day/night reversal		☐ poor appetite with weight loss
☐ radiation of abdominal pain to the back		☐ urinary frequency/incontinence

   ☐ persistent/recurrent abdominal pain, cramping and tenderness
   ☐ history of hepatocellura insult
   ☐ hepatitis If yes, indicate type ☐ A ☐ B ☐ C
   ☐ spontaneous bacterial peritonitis
   ☐ other: _____

5. Identify positive clinical findings and test results (e.g., lab abnormalities, biopsy, ultrasound, barium studies, MRI, CT): _____
   _____

6. Has your patient been referred for liver transplant? ☐ Yes ☐ No

7. Does your patient **currently** abuse alcohol or street drugs? ☐ Yes ☐ No

A. If no, to the best of your knowledge, when was the last time your patient abused alcohol or street drugs? ☐ never ☐ _____

B. If yes, if you were to assume that your patient was able to maintain complete sobriety, would your patient continue to exhibit the symptoms and limitations discussed in this form? ☐ Yes ☐ No

Please explain: _____

_____

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 ☐ occasionally ☐ frequently ☐ constantly

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.

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 circle the hours and/or minutes that your patient can *continuously* **sit and stand** *at one time:*

1.	**Sit:**	0 5 10 15 20 30 45 Minutes	1 2 More than 2 Hours

What must your patient usually do after sitting this long?
☐ walk ☐ stand ☐ lie down ☐ other: _____

2. **Stand:** 0 5 10 20 30 45 Minutes 1 2 More than 2 Hours

What must your patient usually do after standing this long?
☐ walk ☐ sit ☐ lie down ☐ other: _____

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

Sit	**Stand/Walk**	
☐	☐	less than 2 hours
☐	☐	about 2 hours
☐	☐	about 4 hours
☐	☐	at least 6 hours

D. 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

2) **How long** (on average) will your patient have to rest before returning to work? Less than 5, 5 10 20 30 45 Minutes 1 2 more than 2 Hours

3) What symptom(s) cause a need for breaks?

☐ nausea/vomiting ☐ weakness
☐ pain/paresthesia ☐ chronic fatigue
☐ adverse effects of medication ☐ incontinence
☐ other: _____

E. How many pounds can the patient lift and carry in a competitive work situation?

	Never	**Rarely**	**Occasionally**	**Frequently**
Less than 10 lbs.	☐	☐	☐	☐
10 lbs.	☐	☐	☐	☐
20 lbs.	☐	☐	☐	☐
50 lbs.	☐	☐	☐	☐

F. Please estimate, on average, how often your patient is likely to be **absent** from work as a result of the impairment(s) or treatment:

☐ never/less than once a month ☐ about four days a month
☐ about once or twice a month ☐ more than four days a month
☐ about three days a month

13. Please review the following list of liver impairments and identify (by the letter A-F) which, if any, your patient exhibits:

5.05 *Chronic liver disease (e.g., portal, postnecrotic, or biliary cirrhosis; chronic active, hepatitis; Wilson's disease).* With:

A. *Esophageal varices* (demonstrated by x-ray or endoscopy) with a documented history of massive hemorrhage attributable to these varices. Consider under a disability for 3 years following the last massive hemorrhage; *or*

B. Performance of a *shunt operation* for esophageal varices. Consider under a disability for 3 years following surgery; thereafter; *or*

C. *Serum bilirubin of 2.5 mg.* per deciliter (100ml.) *or greater* persisting on repeated examinations for at least 5 months; *or*

D. *Ascites,* not attributable to other causes, recurrent or persisting for at least 5 months, *demonstrated by abdominal paracentesis or* associated with persistent *hypoalbuminemia of 3.0 gm.* per deciliter (100ml.) or less; *or*

E. Hepatic *encephalopathy*; *or*

F. Confirmation of chronic liver disease by *liver biopsy*) *and one of the following:*

1. Ascites not attributable to other causes, recurrent or persisting for at least 3 months, demonstrated by abdominal paracentesis or associated with persistent hypoalbuminemia of 3.0 gr. Per deciliter (100ml.) or less; or

2. Serum bilirubin of 2.5 mg. per deciliter (100 ml) or greater on repeated examinations for at least 3 months; or

3. Hepatic cell necrosis or inflammation, persisting for at least 3 months, documented by repeated abnormalities of prothrombin time and enzymes indicative of hepatic dysfunction.

A. Does your patient exhibit any one of the above impairment(s)? ☐ Yes ☐ No

If yes, which impairment(s) (A-F)? _____

Please explain how your patient meets the impairment with specific reference to (or attachment of) relevant clinical findings: _____

_____

_____

_____

B. If your patient does not exactly exhibit any of the above impairments, are your patient's **combined** impairments at least **equal**, in terms of medical severity, to any one of the above listed impairment? ☐ Yes ☐ No

If yes, your patient's combined impairments are of equivalent medical severity to which of the above listed impairment(s) (A-F)? _____

Please explain your answer: _____

_____

_____

_____

14. Please describe any other limitations that would affect your patient's ability to work at a regular job on a sustained basis or any testing that would help to clarify the severity of your patient's impairment(s) or limitations: _____

_____

_____

_____

_____

Date: _____ Signed: _____

Print Name: _____

Address: _____

_____