

MENTAL RESIDUAL FUNCTIONAL CAPACITY QUESTIONNAIRE

To:

Re:

SS#: XXX-XX-

Please answer the following questions concerning your patient's impairments. *Attach relevant treatment notes and test results* as appropriate.

1. Frequency and length of contact: _____

2. DSM-IV Multiaxial Evaluation:

Axis I: _____

Axis IV: _____

Axis II: _____

Axis V: Current GAF: _____

Axis III: _____

Highest GAF Past year: _____

3. Treatment and response: _____

4. List of prescribed medications: _____

a. Describe any side effects of medications that may have implications for working. eg., dizziness, drowsiness, fatigue, lethargy, stomach upset, etc.: _____

5. Describe the *clinical findings* including results of mental status examination that demonstrate the severity of your patient's mental impairment and symptoms: _____

6. Prognosis: _____

7. Identify your patient's signs and symptoms:

Anhedonia or pervasive loss of interest in almost all activities	Intense and unstable interpersonal relationships and impulsive and damaging behavior
Appetite disturbance with weight change	Disorientation to time and place
Decreased energy	Perceptual or thinking disturbances
Thoughts of suicide	Hallucinations or delusions
Blunt, flat or inappropriate affect	Hyperactivity
Feelings of guilt or worthlessness	Motor tension
Impairment in impulse control	Catatonic or other grossly disorganized behavior
Poverty of content of speech	Emotional lability
Generalized persistent anxiety	Flight of ideas
Somatization unexplained by organic disturbance	Manic syndrome
Mood disturbance	Deeply ingrained, maladaptive patterns of behavior
Difficulty thinking or concentrating	Inflated self-esteem
Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress	Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury
Psychomotor agitation or retardation	Loosening of associations
Pathological dependence, passivity or aggression	Illogical thinking
Persistent disturbances of mood or affect	Vigilance and scanning
Persistent nonorganic disturbance of vision, speech, hearing, use of a limb, movement and its control, or sensation	Pathologically inappropriate suspiciousness or hostility
Change in personality	Pressures of speech
Apprehensive expectation	Easy distractibility
Paranoid thinking or inappropriate suspiciousness	Autonomic hyperactivity
Recurrent obsessions or compulsions which are a source of marked distress	Memory impairment – short, intermediate or long term
Seclusiveness or autistic thinking	Sleep disturbance
Substance dependence	Oddities of thought, perception, speech or behavior
Incoherence	Decreased need for sleep
Emotional withdrawal or isolation	Loss of intellectual ability of 15 IQ points or more
Psychological or behavioral abnormalities associated with a dysfunction of the brain with a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities	Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average of at least once a week
Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)	A history of multiple physical symptoms (for which there are no organic findings) of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
Persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity or situation	Involvement in activities that have a high probability of painful consequences which are not recognized

8. To determine your patient's ability to do *work-related activities on a day-to-day basis in a regular work setting*, please give us your opinion based on your examination of how your patient's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not your patient's age, sex or work experience.

- **Seriously limited, but not precluded** means ability to function in this area is seriously limited and less than satisfactory, but not precluded in all circumstances.
- **Unable to meet competitive standards** means your patient cannot satisfactorily perform this activity independently, appropriately, effectively and on a sustained basis in a regular work setting.
- **No useful ability to function**, an extreme limitation, means your patient cannot perform this activity in a regular work setting.

I	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	Unable to meet competitive standards	No useful ability to function
A.	Remember work-like procedures					
B.	Understand and remember very short and simple instructions					
C.	Carry out very short and simple instructions					
D.	Maintain attention for two hour segment					
E.	Maintain regular attendance and be punctual within customary, usually strict tolerances					
F.	Sustain an ordinary routine without special supervision					
G.	Work in coordination with or proximity to others without being unduly distracted					
H.	Make simple work-related decisions					
I.	Complete a normal workday and workweek without interruptions from psychologically based symptoms					
J.	Perform at a consistent pace without an unreasonable number and length of rest periods					
K.	Ask simple questions or request assistance					
L.	Accept instructions and respond appropriately to criticism from supervisors					
M.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes					
N.	Respond appropriately to changes in a routine work setting					
O.	Deal with normal work stress					
P.	Be aware of normal hazards and take appropriate precautions					

a. Explain limitations falling in the three most limited categories (identified by bold type) and include the medical/clinical findings that support this assessment: _____

II	MENTAL ABILITIES AND APTITUDES NEEDED TO DO SEMISKILLED AND SKILLED WORK	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	Unable to meet competitive standards	No useful ability to function
A.	Understand and remember detailed instructions					
B.	Carry out detailed instructions					
C.	Set realistic goals or make plans independently of others					
D.	Deal with stress of semiskilled and skilled work					

b. Explain limitations falling in the three most limited categories (identified by **bold type**) and include the medical/clinical findings that support this assessment: _____

III	MENTAL ABILITIES AND APTITUDE NEEDED TO DO PARTICULAR TYPES OF JOBS	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	Unable to meet competitive standards	No useful ability to function
A.	Interact appropriately with the general public					
B.	Maintain socially appropriate behavior					
C.	Adhere to basic standards of neatness and cleanliness					
D.	Travel in unfamiliar place					
E.	Use public transportation					

c. Explain limitations falling in the three most limited categories (identified by **bold type**) and include the medical/clinical findings that support this assessment: _____

9. Does your patient have a low IQ or reduced intellectual functioning? ___ Yes ___ No

Please explain (with reference to specific test results): _____

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptom? ___ Yes ___ No

If yes, please explain: _____

11. Are your patient's impairments likely to produce "good days" and "bad days"?
___ Yes ___ No

If yes, will your patient likely to be absent from work 3 or more days per month?
___ Yes ___ No

12. Has your patient's impairment lasted or can it be expected to last at least twelve months?
___ Yes ___ No

13. Are your patient's impairments reasonably consistent with the symptoms and functional limitations described in this evaluation?
___ Yes ___ No

If no, please explain: _____

14. Please describe any additional reasons not covered above why your patient would have difficulty working at a regular job on a sustained basis: _____

15. If your patient's impairments include alcohol or substance abuse, do alcohol or substance abuse contribute to any of your patient's limitations set forth above? ___ Yes ___ No

If Yes, a) please list the limitations affected: _____

b) please explain what changes you would make to your description of your patient's limitations if your patient were totally abstinent from alcohol or substance abuse: _____

16. Can your patient manage benefits in his or her own best interest? ___ Yes ___ No

17. What is the earliest date that the above description of limitations applies? _____

Date Signature: _____

Printed/Typed Name: _____

Address: _____

