CROHN'S & COLITIS MEDICAL SOURCE STATEMENT

Fron	n:		=						
Re:			_(Name of Patient)						
	(Social Security No.)								
		wer the following questions conductes, radiologist reports, laborate		ng your patient's impairments. Attach relevant nd test results as appropriate.					
1.	Frequ	uency and length of contact:							
2.	Diag	Diagnoses:							
3.	Progr	Prognosis:							
4.	Identify your patient's symptoms:								
		Chronic diarrhea		Anal fissures					
		Bloody diarrhea		Nausea					
		Abdominal pain and cramping		Peripheral arthritis					
		Fever		Kidney problems					
		Weight loss		Malaise					
		Loss of appetite		Fatigue					
		Bowel obstruction		Mucus in stool					
		Vomiting		Ineffective straining at stool					
		Abdominal distention		(rectal tenesmus)					
		Fistulas		Sweatiness					
	Othe	r:							
5.	•	If your patient has pain, characterize the nature, location, frequency, precipitating factors, and severity of your patient's pain:							
6.	If aspects of your patient's impairment are episodic, describe the nature, precipitating factors, severity, frequency and duration of the episodic aspects:								
7.	Ident	ify the clinical findings and objec	tive	signs:					

		nent and response including any side effects of medication that may or working, e.g., drowsiness, dizziness, nausea, etc.:				
	ave your patient's onths?	impairments lasted or can they be expected to last at least twelve Yes No				
	o emotional facto nitations?	rs contribute to the severity of your patient's symptoms and functional \Boxed{\subseteq} Yes \Boxed{\subseteq} No				
Ide	ntify any psychological conditions affecting your patient's physical condition:					
	☐ Pyscholo	on				
	- 1	patient's impairments, estimate your patient's functional limitations if aced in a <i>competitive work situation</i> :				
•	How many city	blocks can your patient walk?				
	Please circle the needing to get u	hours and/or minutes that your patient can sit <i>at one time</i> , e.g., before p, etc.				
	Sit:	<u>0 5 10 15 20 30 45</u> Minutes <u>1 2 More than 2</u> Hours				
c.		hours and/or minutes that your patient can stand <i>at one time</i> , e.g., o 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 paties or walking?	nt need a job that permits shifting positions <i>at will</i> from sitting, standing \square Yes \square No				
	Does your patie	nt need a job that permits ready access to a restroom? Yes No				
g.	Will your patier working day?	t sometimes need to take unscheduled restroom breaks during a Yes No				
	Ifves 1) h	ow <i>often</i> do you think this will happen?				

	2) how <i>long</i> will your patient be away from the work station for an average unscheduled restroom break?							
	3) how much advance notice does your patient have of the need for a restroom break?							
h.	able intervals 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?							
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.								
i.	How many pounds can your	patient lift a	and carry in a	a competitive wo	ork situation?			
	Less than 10 lbs. 10 lbs. 20 lbs. 50 lbs.	Never	Rarely	Occasionally	Frequently □ □ □ □ □			
j.	How often can your patient p	erform the f	ollowing act	ivities?				
	Twist Stoop (bend) Crouch/ squat Climb ladders Climb stairs	Never	Rarely	Occasionally	Frequently □ □ □ □ □ □			
k.	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% □ 5% □	10% □	15% □	20% □ 2	5% or more			
1.	To what degree can your pati	ent tolerate	work stress?					
	 □ Incapable of even "low stress" work □ Capable of low stress work □ Capable of high stress work 							
	Please explain the reasons for your conclusion:							
m.	m. Are your patient's impairments likely to produce "good days" and "bad days"? □ Yes □No							
If yes, assuming your patient was trying to work full time, please e average, how many days per month your patient is likely to be absorbed to the impairments or treatment:								
	☐ Never☐ About one day per m☐ About two days per i		☐ About for	ree days per moi ur days per mon n four days per i	th			

13. Are your patient's impairments (physical impairments plus any emotional impairments)

		ings and laboratory or test results <i>reasonably</i> etional limitations described above in this	□ Yes		
	If no, please explain:				
14.	Please describe any other limitations (such as limitations using hands, arms, fingers, psychological limitations, limited vision, difficulty hearing, need to avoid temperature extremes, wetness, humidity, noise, dust, fumes, gases or hazards, etc.) that would affect your patient's ability to work at a regular job on a sustained basis:				
	-				
Date	?	Signature			
	Printed/Typed Name:				
	Address:				
7-43 8/09 §235.1					