PULMONARY MEDICAL SOURCE STATEMENT

Fron	1:
Re:	(Name of Patient)
	(Social Security No.)
	se answer the following questions concerning your patient's impairments. Attach relevant ment notes, radiologist reports, laboratory and test results as appropriate.
1.	Frequency and length of contact:
2.	Diagnoses:
3.	Identify the clinical findings, laboratory and pulmonary function test results that show your patient's medical impairments:
4.	Identify all of your patient's symptoms:
	Shortness of breath Rhonchi Episodic pneumonia Orthopnea Edema Fatigue Chest tightness Episodic acute asthma Palpitations Wheezing Episodic acute bronchitis Coughing Other symptoms:
5.	If your patient has acute asthma attacks,
	a. Identify the precipitating factors:
	 Upper respiratory infection Allergens Exercise Aspirin/tartazine Cold air/change in weather Foods
	 c. How often does your patient have asthma attacks?
ſ	 d. How long is your patient incapacitated during an average attack?
6.	Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?
	If no, please explain:

7. a. List of prescribed medications:

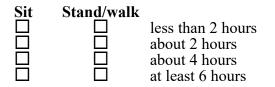
- b. Describe any side effects of your patient's medications (particularly of steroids, if applicable) that may have implications for working, e.g., dizziness, fatigue, drowsiness, stomach upset, etc.:
- 8. Prognosis:
- 9. Have your patient's impairments lasted or can they be expected to last at least twelve months?
- 10. As a result of your patient's impairments, estimate your patient's functional limitations if your patient were placed in a *competitive work situation*:
 - a. How many city blocks can your patient walk without rest or severe pain?
 - b. Please circle the hours and/or minutes that your patient can sit *at one time*, e.g., before needing to get up, etc.

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

c. Please circle the hours and/or minutes that your patient can stand *at one time*, e.g., before needing to sit down, walk around, etc.

 Stand:
 0 5 10 15 20 30 45 Minutes
 1 2 More than 2 Hours

d. How long can your patient sit and stand/walk *total in an 8-hour working day* (with normal breaks)?



e. Will your patient sometimes need to take unscheduled breaks during a working day?

If yes, 1) how *often* do you think this will happen?

- 2) how *long* (on average) will your patient have to rest before returning to work?
- 3) on such a break, will your patient need to \Box lie down or \Box sit quietly?

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.

f. How many pounds can your patient lift and carry in a competitive work situation?

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

g. How often can your patient perform the following activities?

	Never	Rarely	Occasionally	Frequently
Twist				
Stoop (bend)				
Crouch/ squat				
Climb ladders				
Climb stairs				

h. State the degree to which your patient should avoid the following:

ENVIRONMENTAL RESTRICTIONS	NO RESTRICTIONS	AVOID CONCENTRATED EXPOSURE	AVOID EVEN MODERATE EXPOSURE	AVOID ALL EXPOSURE
Extreme cold Extreme heat High humidity Wetness Cigarette smoke Perfumes Soldering fluxes Solvents/cleaners Fumes, odors, gases Dust Chemicals List other irritants:				

i. 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%		25% or more
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	j.	To w	hat de	gree can your patient to	lerate work str	ess?	
				Incapable of even "lov Moderate stress is oka	-		Capable of low stress jobs Capable of high stress work
		Pleas	e expl	ain the reasons for your	conclusion:		
	k.	Are y	our p	atient's impairments like	ely to produce	"good □ Y	days" and "bad days"? es □ No
		avera	ige, hc	ming your patient was t w many days per month e impairments or treatm	n your patient i	full tim is likely	e, please estimate, on the to be absent from work as a
				ever bout one day per month bout two days per month	🗆 Abou	it four	days per month days per month our days per month
	re		bly cor				any emotional impairments) nitations described in this es
12.	dif	ease de ficulty stainec	/ heari	ng, etc.) that would affe	such as psycho ect your patient	logical s abili	limitations, limited vision, ty to work at a regular job on a
Date					Signature		
7-42				Printed/Typed Name:			
8/09				Address:			
§233.1							