LINER LEGAL
DISABILITY LAWYERS

AUDITORY IMPAIRMENTS
MEDICAL SOURCE STATEMENT

Patient Name:_____ Date: _____

Provider Name / Specialty:_____

SECTION 1 — DIAGNOSIS, TREATMENT STATUS, AND DURATION

Hearing loss confirmed by audiometric testing? ☐ Yes ☐ No

Type of hearing impairment (check all that apply):

☐ Sensorineural ☐ Conductive ☐ Mixed ☐ Central auditory processing disorder

Laterality:

☐ Bilateral ☐ Unilateral (Left / Right)

Use of hearing assistive devices:

☐ None ☐ Hearing aids ☐ Cochlear implant (Left / Right / Bilateral)

Date hearing impairment became clinically significant: _____

Condition expected to last ≥ 12 months? ☐ Yes ☐ No

Overall course over time:

☐ Stable ☐ Progressive ☐ Fluctuating

SECTION 2 — AUDIOMETRIC AND SPEECH RECOGNITION FINDINGS

Most recent audiometric testing date:_____

Pure-tone average thresholds (best ear, if known): _____

Word recognition / speech discrimination scores (best ear, if known): _____ %

If cochlear implant present: Has adequate adaptation time passed? ☐ Yes ☐ No

Despite assistive devices (if used), the patient continues to have significant functional hearing limitations? ☐ Yes ☐ No

SECTION 3 — WORKPLACE IMPACT AND VOCATIONAL SUSTAINABILITY

Due to hearing and communication limitations, the patient is unable to reliably:

☐ Understand job instructions when given verbally

☐ Respond appropriately to verbal feedback or correction

☐ Work safely around others

☐ Perform tasks requiring verbal interaction

☐ Adapt to changes communicated verbally

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Need for communication accommodations (check all that apply):

☐Written instructions only

☐One-on-one communication

☐Visual cues or demonstrations

☐Sign language or interpreter

Even with accommodations, the patient would still be unable to sustain competitive employment on a regular and continuing basis? ☐Yes ☐No

SECTION 4 — PACE, ERRORS, AND ATTENDANCE EFFECTS

Hearing-related communication deficits are expected to result in:

☐Slowed work pace

☐Increased errors or need for repetition

☐Difficulty meeting production requirements

☐Increased supervision needs

SECTION 5 — ENVIRONMENTAL RESTRICTIONS

Work environments that would be poorly tolerated or unsafe (check all that apply):

☐Noisy environments

☐Jobs requiring frequent verbal communication

☐Jobs requiring auditory awareness of hazards

☐Telephone-based work

SECTION 6 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment, including review of audiology records?

☐Yes ☐No ☐Partially (explain): _____

_____

Provider Signature: _____ Date: _____

Address / Phone: _____