LINER LEGAL
DISABILITY LAWYERS

AUTISM SPECTRUM DISORDER
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____
Provider Name / Specialty: _____

SECTION 1 — CLINICAL OVERVIEW

Primary Diagnoses: _____
Date of diagnosis / age at onset: _____
Treatment frequency: _____
Primary symptoms observed (check all that apply): _____

☐ Impaired social reciprocity ☐ Difficulty interpreting cues ☐ Rigidity or resistance to change
☐ Repetitive behaviors ☐ Restricted interests ☐ Sensory sensitivities ☐ Anxiety
☐ Executive dysfunction ☐ Speech or pragmatic communication issues ☐ Other:

Are the limitations below consistent with your clinical observations over time? ☐ Yes ☐ No

SECTION 2 — COMMUNICATION, ATTENTION, AND TASK LEARNING

Comprehension and Communication: Describe how the patient understands, interprets, and responds to ordinary spoken or written instructions. (Examples: "understands simple directions," "literal thinker, misses nuance," "needs step-by-step clarification," "frequently misunderstands tone or figurative language.")

_____

Sustained Focus and Task Initiation: How long can this individual maintain attention on a familiar, routine task before distraction or sensory overload interferes? (Examples: "no problem with short tasks," "about 15–30 minutes," "requires frequent redirection," "unable to focus in noisy environments.")

_____

Learning New or Multi-Step Tasks: When introduced to a new or unfamiliar task, describe how the patient learns, generalizes, or applies it independently. (Examples: "learns after a few demonstrations," "needs repeated instruction," "requires visual or written cues," "difficulty generalizing skills to new contexts.")

_____

Need for Supervision or Prompts: How much structure, supervision, or prompting is necessary for the patient to stay engaged and complete tasks? (Examples: "independent once started," "needs daily check-ins," "requires frequent reminders," "needs job-coach-level support.")

_____

SECTION 3 — SOCIAL INTERACTION AND COMMUNICATION IN THE WORKPLACE

Interactions with Others: Describe how the patient manages ordinary social or workplace interactions. (Examples: "polite but withdrawn," "literal and concrete," "anxious in group settings," "misreads social cues," "occasional irritability," "no problem interacting with familiar coworkers.")

_____

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Response to Feedback or Correction: How does the patient respond when corrected, redirected, or criticized? (Examples: "accepts calmly," "becomes defensive or anxious," "fixates on mistakes," "needs reassurance to continue.")

Need for Predictability and Routine: Describe how the patient tolerates routine changes, unexpected demands, or transitions. (Examples: "no problem adapting," "needs preparation for change," "becomes overwhelmed or shuts down," "requires structured schedule.")

Sensory or Environmental Sensitivities: Identify any sensory factors that interfere with concentration, social interaction, or endurance. (Examples: "sensitive to sound, light, or texture," "melts down in overstimulating settings," "can work in quiet, predictable environment only.")

SECTION 4 — ADAPTATION, RELIABILITY, AND BEHAVIORAL REGULATION

Coping with Stress or Pressure: How does the patient respond to ordinary workplace stress or time pressure? (Examples: "manages mild stress," "needs reassurance or extra time," "becomes overwhelmed or withdraws," "unable to continue task.")

Reliability and Attendance: How often do symptoms (e.g., fatigue, overload, anxiety) cause difficulty attending work or completing a full day? (Examples: "rarely misses," "once a week," "several days each month," "cannot sustain consistent schedule.")

Behavioral Regulation: Describe any behaviors that interfere with workplace functioning (e.g., rigidity, repetitive movements, shutdowns, meltdowns). (Examples: "mild repetitive behavior when anxious," "shutdown during stress," "episodes of irritability or withdrawal.")

Supporting findings (e.g., observed rigidity, sensory issues, flat affect, impaired eye contact): _____

SECTION 5 — OVERALL SUMMARY

In your clinical judgment, do the limitations described above cause substantial interference with the patient's ability to sustain full-time, competitive employment? ☐ Yes ☐ No

If yes, briefly describe key barriers (e.g., rigidity, social anxiety, sensory overload, repetitive focus): _____

Provider Signature: _____ Date: _____

Address / Phone: _____