LINER LEGAL
DISABILITY LAWYERS

CARDIAC CONDITIONS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND CARDIAC HISTORY

Cardiac condition(s) diagnosed by treating provider (check all that apply):

☐ Chronic heart failure ☐ Ischemic heart disease ☐ Arrhythmia

☐ Cardiomyopathy ☐ Pulmonary hypertension ☐ Other: _____

Date of diagnosis: _____

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

Overall cardiac course:

☐ Stable ☐ Progressive ☐ Fluctuating ☐ Episodic exacerbations

SECTION 2 — OBJECTIVE CARDIAC FINDINGS

Most recent left ventricular ejection fraction (LVEF): _____ % Date: _____

Exercise tolerance testing (if performed): _____

METs achieved: _____ Date: _____

Documented arrhythmias (if applicable):

☐ Atrial fibrillation ☐ Ventricular tachycardia ☐ Bradyarrhythmia ☐ Other: _____

History of cardiac-related hospitalizations or emergency care? ☐ Yes ☐ No

If yes, frequency: _____

SECTION 3 — CARDIAC SYMPTOMS AND FUNCTIONAL EFFECTS

Cardiac-related symptoms experienced longitudinally (check all that apply):

☐ Dyspnea on exertion ☐ Dyspnea at rest ☐ Chest pain/angina

☐ Palpitations ☐ Dizziness/lightheadedness ☐ Syncope or near-syncope

☐ Peripheral edema ☐ Fatigue ☐ Exercise intolerance

SECTION 4 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline stamina or endurance level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do cardiac symptoms unpredictably worsen?

☐ Daily ☐ Several times per week ☐ Weekly ☐ Monthly ☐ Unpredictable

When symptoms worsen, the patient is unable to reliably (check all that apply):

☐ Sustain physical activity

☐ Maintain pace or productivity

☐ Remain upright without rest

☐ Complete tasks on schedule

☐ Leave home

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Due to cardiac symptoms or fatigue, the patient would be away from the work task (off-task and/or on unscheduled breaks) for approximately:

☐ 0% ☐ 0% ☐ 15% ☐ 20%+

Likely absences per month due to cardiac symptoms:

☐ None ☐ 1 ☐ 2 ☐ 3+ ☐ Unable to sustain full-time attendance

SECTION 5 — SITTING, STANDING, WALKING, AND POSITIONAL TOLERANCE

Indicate the total time the patient can perform each activity in an 8-hour workday.

ACTIVITY	0	1	2	3	4	5	6+
SITTING	☐	☐	☐	☐	☐	☐	☐
STANDING	☐	☐	☐	☐	☐	☐	☐
WALKING	☐	☐	☐	☐	☐	☐	☐

Needs to alternate positions at will? ☐ Yes ☐ No

Need for leg elevation during the workday? ☐ Yes ☐ No

If yes: Typical elevation position/height: _____

Approximate % of the workday: _____ %

SECTION 6 — LIFTING, CARRYING, AND PHYSICAL ENDURANCE

WEIGHT	NEVER (0%)	OCCASIONAL (≤1/3)	FREQUENT (1/3–2/3)	CONSTANT (2/3–100%)
<10 LBS	☐	☐	☐	☐
10 LBS	☐	☐	☐	☐
20 LBS	☐	☐	☐	☐
50 LBS	☐	☐	☐	☐

Cardiac symptoms significantly limit sustained exertion even at low levels? ☐ Yes ☐ No

SECTION 7 — CONSISTENCY

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

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____