LINER LEGAL
DISABILITY LAWYERS

ENDOCRINE DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND TREATMENT HISTORY

Endocrine disorder diagnosed and treated by a medical provider? ☐ Yes ☐ No

Primary endocrine condition(s) (check all that apply): _____

☐ Diabetes mellitus ☐ Thyroid disorder ☐ Adrenal disorder ☐ Parathyroid disorder

☐ Other endocrine disorder: _____

Date condition became clinically significant: _____

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

Treatment compliance (as prescribed):

☐ Compliant ☐ Limited by side effects ☐ Persistent symptoms despite compliance

SECTION 2 — METABOLIC INSTABILITY AND SYSTEMIC SYMPTOMS

Documented endocrine-related symptoms or complications (check all that apply):

☐ Severe fatigue ☐ Weakness ☐ Dizziness/lightheadedness

☐ Hypoglycemic episodes ☐ Hyperglycemic episodes

☐ Heat or cold intolerance ☐ Weight fluctuation ☐ Nausea/vomiting ☐ Headache

Frequency of symptomatic glucose or hormonal fluctuations (if applicable):

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

SECTION 3 — SECONDARY ORGAN SYSTEM COMPLICATIONS (IF PRESENT)

Endocrine-related complications documented longitudinally (check all that apply):

☐ Peripheral neuropathy ☐ Vision impairment ☐ Renal dysfunction

☐ Cardiovascular complications ☐ Skin breakdown or ulcers

Supporting findings (labs, imaging, specialist notes): _____

SECTION 4 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline stamina or endurance level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do endocrine symptoms or metabolic instability unpredictably worsen?

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

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

☐ Maintain pace or productivity

☐ Sustain physical activity

☐ Maintain concentration due to metabolic symptoms

☐ Complete tasks on schedule

☐ Leave home

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

☐ 0% ☐ 10% ☐ 15% ☐ 20%+

Likely absences per month due to endocrine symptoms or complications:

☐ None ☐ 1 ☐ 2 ☐ 3+

SECTION 5 — SITTING, STANDING, AND WALKING 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

SECTION 6 — UPPER EXTREMITY USE AND MANIPULATIVE RELIABILITY (IF NEUROPATHY PRESENT)

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

SECTION 7 — 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	☐	☐	☐	☐

Fatigue, weakness, or metabolic instability significantly limit sustained exertion even at low levels? ☐ Yes ☐ No

SECTION 8 — CONSISTENCY

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

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____