LINER LEGAL
DISABILITY LAWYERS

FIBROMYALGIA
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND LONGITUDINAL COURSE

Fibromyalgia diagnosis confirmed by treating provider? ☐ Yes ☐ No

Date symptoms first became clinically significant: _____

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

Overall course over time:

☐ Stable ☐ Gradually worsening ☐ Fluctuating / unpredictable

SECTION 2 — WIDESPREAD PAIN AND ASSOCIATED FIBROMYALGIA FEATURES

Clinical features documented longitudinally (check all that apply):

☐ Widespread musculoskeletal pain
☐ Pain present on both sides of the body
☐ Pain above and below the waist
☐ Axial (neck, back, chest) pain
☐ Tenderness on examination
☐ Non-restorative sleep
☐ Chronic fatigue
☐ Morning stiffness
☐ Headaches / migraines
☐ Irritable bowel symptoms
☐ Paresthesias ☐ Temperature sensitivity
☐ Other: _____

Objective or clinical findings supporting fibromyalgia (as applicable): _____

SECTION 3 — PAIN, FATIGUE, AND COGNITIVE VARIABILITY AFFECTING WORK SUSTAINABILITY

Typical baseline symptom severity:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do pain, fatigue, or cognitive symptoms unpredictably worsen to a level that significantly limits functioning?

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

Due to pain, fatigue, cognitive dysfunction, or medication effects, the patient would be away from the work task (off-task and/or on unscheduled breaks) for approximately:

☐ 0% ☐ 10% ☐ 15% ☐ 20%+

This time away from task would be caused by (check all that apply):

☐ Pain flares
☐ Fatigue requiring rest
☐ Cognitive dysfunction (“fibro fog”)
☐ Need to reposition or lie down
☐ Medication side effects

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Likely absences per month:

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

SECTION 4 — 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

Supporting findings (pain behaviors, fatigue, stiffness, reduced tolerance):

SECTION 5 — UPPER EXTREMITY USE AND MANIPULATIVE RELIABILITY

Reliability of hand/arm use throughout a workday:

☐ Fully reliable ☐ Intermittently reliable ☐ Markedly unreliable

Tasks limited by pain or fatigue:

☐ Handling ☐ Fingering ☐ Grasping ☐ Reaching

SECTION 6 — LIFTING, CARRYING, AND MANIPULATIVE CAPACITY

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

If upper extremity limitations apply:

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

Findings supporting these limitations:

SECTION 7 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____