LINER LEGAL
DISABILITY LAWYERS

GASTROINTESTINAL DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND DISEASE COURSE

Primary gastrointestinal condition(s) (check all that apply):

☐ Crohn's disease ☐ Ulcerative colitis ☐ IBS

☐ Other inflammatory bowel disorder _____

Date condition became clinically significant: _____

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

Overall disease course:

☐ Stable ☐ Progressive ☐ Relapsing / remitting ☐ Unpredictable flares

SECTION 2 — OBJECTIVE FINDINGS AND TREATMENT HISTORY

Objective findings documented longitudinally (check all that apply):

☐ Endoscopic inflammation ☐ Imaging-confirmed disease ☐ Elevated inflammatory markers

☐ Anemia ☐ Hypoalbuminemia ☐ Weight loss

Current or past treatments (check all that apply):

☐ Immunosuppressants ☐ Biologics ☐ Steroids ☐ Surgery ☐ Other: _____

SECTION 3 — GASTROINTESTINAL SYMPTOMS AND FUNCTIONAL EFFECTS

Symptoms documented longitudinally (check all that apply):

☐ Frequent bowel movements ☐ Urgency ☐ Diarrhea ☐ Incontinence

☐ Abdominal pain or cramping ☐ Bloating ☐ Nausea/vomiting

☐ Severe fatigue ☐ Weakness

Average number of bowel movements per day during flares:

☐ <4 ☐ 4–6 ☐ 7–10 ☐ >10

Need for immediate restroom access during the workday? ☐ Yes ☐ No

SECTION 4 — VARIABILITY, UNPREDICTABILITY, AND WORK SUSTAINABILITY

Symptom variability:

How often do GI symptoms unpredictably worsen? _____

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

During flares or symptom exacerbations, the patient is unable to reliably (check all that apply):

☐ Remain at the workstation ☐ Maintain pace or productivity ☐ Complete tasks on schedule

☐ Sustain concentration due to pain or urgency ☐ Leave home

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Due to restroom use, abdominal pain, fatigue, or flares, 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 flares, treatment, or recovery:

☐ None ☐ 1 ☐ 2 ☐ 3+

SECTION 5 — SITTING, STANDING, AND POSITIONAL TOLERANCE (IF APPLICABLE)

Indicate the total time the patient can perform each activity in an 8-hour workday, considering abdominal pain, urgency, or fatigue.

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

Needs to alternate positions at will? ☐ Yes ☐ No

SECTION 6 — LIFTING, CARRYING, AND PHYSICAL ENDURANCE (IF APPLICABLE)

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

Fatigue, pain, or nutritional deficits 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 longitudinal GI records?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____