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GENERAL MENTAL DISORDERS
MEDICAL SOURCE STATEMENT

This form is intended to describe the patient's ability to meet the basic mental demands required for any full-time, unskilled job.

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — CLINICAL OVERVIEW

Primary Diagnoses: _____

Treatment Frequency: _____

Primary Symptoms: _____

Medication Side Effects (if any): _____

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

SECTION 2 — ATTENTION, CONCENTRATION, AND LEARNING

Sustained Focus: In your experience, how long can the patient typically stay focused on a simple, repetitive task before needing to pause or losing concentration? (Examples: "no problem staying focused," "about two hours before drifting," "15–30 minutes," "focus varies day to day.")

Refocusing After Distraction: When distracted or interrupted, how long does it usually take before the patient can resume the task effectively? (Examples: "immediately," "after a few minutes," "needs redirection from another person," "often unable to refocus.")

Need for Prompts or Supervision: Describe how much prompting, check-ins, or reminders are needed for this patient to stay on task. (Examples: "no problem staying on task," "needs occasional reassurance," "requires frequent verbal reminders," "needs continuous oversight.")

Understanding and Remembering Instructions: How well can the patient remember and carry out simple, routine instructions? (Examples: "no problem remembering," "remembers one-step tasks well," "needs repetition to recall multi-step tasks," "forgets instructions within minutes.")

Learning New Tasks: When taught a new, simple task, describe how many demonstrations or guided attempts are typically needed before the patient can perform it independently. (Examples: "learns quickly after one demo," "needs several repetitions," "cannot retain steps even after practice.")

Supporting findings (e.g., cognitive testing, observed distractibility, poor carry-over):

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SECTION 3 — SOCIAL FUNCTIONING AND SUPERVISION

Working Around or With Others: How does the patient handle being near coworkers or the public? (Examples: "no problem working in groups," "works comfortably in small familiar settings," "avoids social contact," "experiences panic or irritability around others.")

Responding to Feedback or Correction: Describe how the patient typically responds to feedback or redirection from a supervisor. (Examples: "accepts calmly," "becomes anxious or tearful," "defensive or argumentative," "leaves work area.")

Need for Structure or Support: Describe the level of structure or supervision needed to maintain behavior, attention, and pace. (Examples: "no problem working independently," "needs reassurance once or twice a day," "requires frequent monitoring," "needs job-coach-level supervision.")

Triggers for emotional or behavioral escalation (e.g., stress, criticism, sensory overload):

SECTION 4 — ADAPTATION, STRESS TOLERANCE, AND RELIABILITY

Response to Stress or Change: How does the patient respond to ordinary workplace stress or unexpected changes in routine? (Examples: "no problem adjusting," "needs reassurance or time to adapt," "becomes anxious or tearful," "unable to continue tasks after stress.")

Off-Task Behavior: Estimate how much of a typical workday the patient's symptoms interfere with productivity or focus. (Examples: "no problem staying focused," "brief lapses a few times per day," "about 10–15 minutes per hour," "most of the day during flare-ups.")

Attendance and Reliability: How often do symptoms or treatment needs prevent the patient from attending or completing a full workday? (Examples: "no problem attending regularly," "about once a week," "several days each month," "unable to maintain regular schedule.")

Variability: Do symptoms fluctuate between "good days" and "bad days"? If yes, how often do "bad days" result in reduced focus, social withdrawal, or inability to complete tasks? (Examples: "no significant fluctuation," "occasional bad days," "weekly bad days," "most days affected.")

Supporting findings (e.g., panic, fatigue, mood variability):

Provider Signature: _____ Date: _____

Address / Phone: _____