LINER LEGAL
DISABILITY LAWYERS

HEMATOLOGICAL DISORDERS
MEDICAL SOURCE STATEMENT

(For clinician documentation of functional limitations affecting sustained work activity)

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND TREATMENT HISTORY

Hematological disorder diagnosed and treated by a specialist? ☐ Yes ☐ No

Primary blood disorder(s) (check all that apply):

☐ Chronic anemia ☐ Sickle cell disease ☐ Bleeding disorder ☐ Clotting disorder

☐ Bone marrow failure syndrome ☐ Status post bone marrow or stem cell transplant

☐ Other hematological disorder: _____

Date condition became clinically significant: _____

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

Overall course over time:

☐ Stable ☐ Progressive ☐ Fluctuating ☐ Episodic crises

SECTION 2 — OBJECTIVE LABORATORY FINDINGS AND MEDICAL INTERVENTIONS

Representative laboratory abnormalities documented longitudinally (if known):

Hemoglobin: _____ Hematocrit: _____ Other: _____

Ongoing medical interventions (check all that apply):

☐ Blood transfusions ☐ Iron infusions ☐ Erythropoietin therapy ☐ Anticoagulation

☐ Immunosuppressive therapy ☐ Other: _____

Frequency of transfusions or infusions (if applicable): _____

History of hospitalizations related to the blood disorder? ☐ Yes ☐ No

If yes, frequency: _____

SECTION 3 — HEMATOLOGICAL SYMPTOMS AND FUNCTIONAL EFFECTS

Symptoms documented longitudinally (check all that apply):

☐ Severe fatigue ☐ Weakness ☐ Shortness of breath

☐ Dizziness/lightheadedness ☐ Chest discomfort ☐ Pain crises (e.g., sickle cell)

☐ Easy bruising or bleeding ☐ Cognitive slowing due to anemia or hypoxia

SECTION 4 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline stamina or endurance level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do hematological symptoms unpredictably worsen?

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

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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

Due to fatigue, weakness, pain crises, or treatment effects, 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 symptoms, transfusions, or hospitalizations:

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

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 — 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	☐	☐	☐	☐

Weakness, anemia, or pain crises 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 laboratory data and hospitalization records?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____