LINER LEGAL
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INTELLECTUAL / DEVELOPMENTAL DISORDERS MEDICAL SOURCE STATEMENT

PATIENT INFORMATION

Patient Name:_____ Date:_____

Provider Name / Specialty:_____

SECTION 1 — CLINICAL OVERVIEW

Diagnoses (list all applicable): _____

History of Intellectual or Developmental Limitations:

☐Documented since childhood/adolescence

☐Suspected childhood onset based on history

☐Adult-onset cognitive decline (not primary focus of this form)

Sources of developmental or adaptive history reviewed (check all that apply):

☐School records / IEP / special education

☐Prior IQ or psychological testing

☐Family or caregiver reports

☐Work history observations

☐Other:_____

Treatment Frequency / Nature of Contact: _____

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

SECTION 1A — LISTING 12.05 (INTELLECTUAL DISORDER) CRITERIA

INTELLECTUAL FUNCTIONING

Standardized IQ Testing (attach reports if available):

Test Name: _____ Date: _____

Full Scale IQ:_____

Validity of scores:

☐Valid representation of current functioning

☐Likely underestimates ability

☐Likely overestimates ability

ADAPTIVE FUNCTIONING DEFICITS (CHECK ALL THAT APPLY)

☐Difficulty understanding or learning new information

☐Limited reading, writing, or math skills

☐Poor problem-solving or judgment

☐Difficulty managing money or personal affairs

☐Requires assistance with scheduling, reminders, or organization

☐Limited ability to plan or complete multi-step tasks

☐Difficulty adapting to new situations or expectations

Evidence of adaptive deficits prior to age 22: _____

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SECTION 2 — UNDERSTANDING, REMEMBERING, AND LEARNING

Understanding Simple Instructions: Describe the patient's ability to understand and remember simple, routine instructions.

Learning New Tasks: When taught a new simple task, how many repetitions or demonstrations are typically required before partial or independent performance?

Generalization: Can the patient apply a learned task to a slightly different situation without retraining?

Supporting findings (e.g., testing results, observed confusion, need for repetition): _____

SECTION 3 — PERSISTENCE, PACE, AND SUPERVISION

Sustained Focus: How long can the patient typically remain on a simple, repetitive task without redirection?

Work Pace: Describe the patient's typical pace compared to others performing similar simple tasks.

Need for Supervision: Describe the level of supervision or prompting required to maintain task completion and appropriate behavior.

Error Awareness: Is the patient able to recognize and correct mistakes independently?

SECTION 4 — ADAPTATION, JUDGMENT, AND RELIABILITY

Response to Change: How does the patient respond to changes in routine, expectations, or instructions?

Problem-Solving and Judgment: Describe the patient's ability to make basic work-related decisions.

Attendance and Reliability: How often do cognitive limitations interfere with completing a full workday or workweek?

Variability: Do cognitive functioning or adaptive skills fluctuate with stress or fatigue?
If yes, describe frequency and impact.

Supporting findings (e.g., slow pace, confusion, dependency, failure to meet expectations): _____

PROVIDER CERTIFICATION

Provider Signature: _____ Date: _____

Address / Phone: _____