LINER LEGAL
DISABILITY LAWYERS

LIVER DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND DISEASE COURSE

Chronic liver disease diagnosed and treated by a medical provider? ☐ Yes ☐ No

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

☐ Chronic hepatitis (B/C/other) ☐ Cirrhosis ☐ Hepatic failure

☐ Portal hypertension ☐ Status post liver transplant ☐ Other: _____

Date condition became clinically significant:

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

Overall disease course:

☐ Stable ☐ Progressive ☐ Fluctuating ☐ Episodic decompensation

SECTION 2 — OBJECTIVE FINDINGS AND MEDICAL COMPLICATIONS

Objective findings documented longitudinally (check all that apply):

☐ Elevated bilirubin ☐ Low albumin ☐ Abnormal INR

☐ Imaging-confirmed cirrhosis ☐ Ascites ☐ Varices

☐ Hepatic encephalopathy ☐ Splenomegaly

History of hospitalizations, procedures, or paracentesis related to liver disease? ☐ Yes ☐ No

If yes, frequency: _____

SECTION 3 — HEPATIC SYMPTOMS AND FUNCTIONAL EFFECTS

Symptoms documented longitudinally (check all that apply):

☐ Severe fatigue ☐ Weakness ☐ Abdominal pain or distention

☐ Nausea/vomiting ☐ Pruritus ☐ Edema

☐ Confusion or mental slowing ☐ Daytime somnolence

☐ Poor concentration ☐ Medication side effects

SECTION 4 — VARIABILITY, COGNITIVE EFFECTS, AND WORK SUSTAINABILITY

Typical baseline stamina or endurance level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do hepatic symptoms or encephalopathy unpredictably worsen?

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

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During periods of symptom exacerbation, the patient is unable to reliably (check all that apply):

☐ Maintain pace or productivity
☐ Sustain concentration due to fatigue or confusion
☐ Complete tasks on schedule
☐ Follow instructions consistently
☐ Leave home

Due to fatigue, encephalopathy, medication effects, or medical interventions, 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 hepatic symptoms, procedures, or recovery:

☐ None ☐ 1 ☐ 2 ☐ 3+

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

Indicate the total time the patient can perform each activity in an 8-hour workday, considering fatigue, weakness, ascites, or edema.

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, weakness, ascites, or medical complications 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, imaging, and longitudinal records?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____