LINER LEGAL
DISABILITY LAWYERS

MOOD / ANXIETY DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____
Provider Name / Specialty: _____

SECTION 1 — CLINICAL OVERVIEW

Diagnoses (list all applicable): _____
Relevant Diagnostic Categories (check all that apply):
☐Depressive Disorder ☐Bipolar or Mood Disorder ☐ Anxiety Disorder ☐Panic Disorder
☐PTSD or Trauma-Related Disorder
☐Neurocognitive Disorder ☐Neurodevelopmental Disorder (e.g., ASD overlap)
Treatment Frequency / Nature of Contact: _____
Primary Symptoms Observed (check all that apply):
☐Depressed mood ☐Anhedonia ☐Low motivation or energy ☐Mood instability or irritability
☐Panic attacks ☐Excessive worry ☐ Hypervigilance ☐Intrusive memories or flashbacks
☐Sleep disturbance ☐Impaired concentration or memory
Medication Side Effects (if any): _____
Are the limitations described below consistent with your clinical observations over time?_____ ☐Yes ☐No

SECTION 1A — LISTING-LEVEL SYMPTOM CLUSTERS (A-CRITERIA)

(Check all symptoms that have been clinically observed or reliably reported.)
Depressive / Bipolar Symptoms (Listing 12.04):
☐Depressed mood ☐ Diminished interest or pleasure ☐ Appetite or weight change
☐ Sleep disturbance ☐ Fatigue or loss of energy ☐Psychomotor agitation or retardation
☐ Feelings of worthlessness or guilt ☐ Difficulty concentrating or making decisions
☐ Suicidal thoughts or behaviors ☐ Periods of elevated, expansive, or irritable mood
☐ Increased goal-directed activity or risky behavior

Anxiety Disorders (Listing 12.06):
☐Excessive anxiety or worry ☐Panic attacks ☐ Restlessness or feeling on edge
☐Muscle tension ☐Difficulty concentrating due to anxiety ☐ Avoidance of social or public situations
☐Physical symptoms (palpitations, sweating, shortness of breath)

Trauma-Related Symptoms (Listing 12.15):
☐Intrusive memories or flashbacks ☐Avoidance of reminders
☐Negative mood or cognition changes ☐Hyperarousal or exaggerated startle response

SECTION 2 — ATTENTION, CONCENTRATION, AND TASK PERSISTENCE

Sustained Focus: How long can the patient typically remain focused on a simple, repetitive task before symptoms interfere? _____

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Refocusing After Distraction: When distracted by anxiety, intrusive thoughts, or mood symptoms, how long does it take the patient to resume the task?

Off-Task Behavior: Estimate the percentage of a typical workday the patient would be off task due to symptoms (e.g., anxiety, panic, low motivation, intrusive thoughts).

Supporting findings (e.g., panic frequency, mood lability, slowed processing):

SECTION 3 — SOCIAL FUNCTIONING AND INTERACTION

Working Around or With Others: Describe the patient's ability to work near coworkers or interact with supervisors or the public.

Response to Supervision or Feedback: How does the patient typically respond to correction, criticism, or performance feedback?

Social Withdrawal or Conflict: Do symptoms result in avoidance, withdrawal, irritability, or interpersonal conflict? If yes, describe frequency and severity.

SECTION 4 — STRESS TOLERANCE, ADAPTATION, AND RELIABILITY

Response to Work Stress: How does the patient respond to ordinary work stress, deadlines, or changes in routine?

Attendance and Reliability: How often do symptoms prevent the patient from attending or completing a full workday or workweek?

Variability: Do symptoms fluctuate between good and bad days? If yes, how often do bad days result in inability to sustain work activity?

Sustained Employment: In your opinion, can the patient sustain full-time employment on a consistent basis? ☐ Yes ☐ No ☐ Uncertain If no or uncertain, please explain: _____
Supporting findings (e.g., decompensation under stress, panic episodes, absenteeism):

Provider Signature: _____ Date: _____
Address / Phone: _____