LINER LEGAL
DISABILITY LAWYERS

MULTIPLE SCLEROSIS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND DISEASE COURSE

MS diagnosis confirmed by neurological evaluation and imaging? ☐ Yes ☐ No

MS subtype (if known):

☐ Relapsing-remitting ☐ Secondary progressive ☐ Primary progressive

☐ Other: ☐ Date of diagnosis: _____

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

Overall disease course:

☐ Stable ☐ Gradually progressive ☐ Relapsing / remitting ☐ Fluctuating / unpredictable

SECTION 2 — NEUROLOGICAL FINDINGS AND CORE MS SYMPTOMS

Neurological findings documented longitudinally (check all that apply):

☐ Motor weakness ☐ Spasticity ☐ Abnormal gait ☐ Balance impairment

☐ Coordination deficits ☐ Tremor ☐ Sensory loss ☐ Visual disturbance

☐ Upper extremity weakness ☐ Lower extremity weakness ☐ Heat sensitivity (Uhthoff phenomenon)

Supporting findings (MRI lesions, exam findings, progression over time): _____

SECTION 3 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline fatigue level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Fatigue and symptom variability:

How often do fatigue, weakness, or neurologic symptoms unpredictably worsen?

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

When symptoms worsen, the patient is unable to reliably (check all that apply):

☐ Maintain attention or pace ☐ Sustain physical activity ☐ Walk safely or efficiently

☐ Use upper extremities consistently ☐ Complete tasks on schedule ☐ Leave home

Due to fatigue, neurologic symptoms, heat intolerance, or medication effects, the patient would be away from the work task (off-task and/or on unscheduled breaks) for approximately:

☐ 0% ☐ 10% ☐ 15% ☐ 20%+

Symptom variability is expected to result in:

☐ Difficulty maintaining regular attendance ☐ Inability to sustain activity for 8-hour workdays

☐ Inability to sustain work 5 days per week ☐ Need to stop activities without warning

Likely absences per month due to MS symptoms:

☐ None ☐ 1 ☐ 2 ☐ 3+

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SECTION 4 — 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

Need for assistive device:

☐None ☐ Cane ☐Crutch ☐Walker ☐Other:

Supporting findings (gait abnormalities, balance loss, fatigue-related decline): _____

SECTION 5 — UPPER EXTREMITY USE AND MANIPULATIVE RELIABILITY

Reliability of hand/arm use throughout a workday:

☐Fully reliable ☐ Intermittently reliable ☐Markedly unreliable

Tasks limited by weakness, tremor, or coordination deficits:

☐Handling ☐ Fingering ☐Grasping ☐Reaching

SECTION 6 — LIFTING, CARRYING, AND MANIPULATIVE CAPACITY

WEIGHT	NEVER (0%)	OCCASIONAL (≤1/3)	FREQUENT (1/3–2/3)	CONSTANT (2/3 - 100%)
<10 LBS	☐	☐	☐	☐
10 LBS	☐	☐	☐	☐
20 LBS	☐	☐	☐	☐
50 LBS	☐	☐	☐	☐

If upper extremity limitations apply: _____

ACTIVITY	NEVER	OCCASIONAL	FREQUENT	CONSTANT
HANDLING	☐	☐	☐	☐
FINGERING	☐	☐	☐	☐
REACHING	☐	☐	☐	☐

Findings supporting these limitations: _____

SECTION 7 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____