LINER LEGAL
DISABILITY LAWYERS

NEURODEGENERATIVE DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND DISEASE COURSE

Primary diagnosis (check all that apply):

☐ Parkinson's disease / Parkinsonian syndrome
☐ Amyotrophic lateral sclerosis (ALS)
☐ Dementia / neurocognitive disorder
☐ Other neurodegenerative disorder: _____

Diagnosis supported by neurological evaluation and imaging? ☐ Yes ☐ No

Date of diagnosis: _____

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

Overall disease course:

☐ Slowly progressive ☐ Rapidly progressive ☐ Fluctuating ☐ Episodic with decline

SECTION 2 — NEUROLOGICAL AND NEUROCOGNITIVE FINDINGS

Documented neurological findings (check all that apply):

☐ Motor weakness ☐ Bradykinesia ☐ Rigidity ☐ Tremor
☐ Spasticity ☐ Abnormal gait ☐ Balance impairment ☐ Coordination deficits
☐ Dysarthria ☐ Dysphagia ☐ Upper extremity weakness ☐ Lower extremity weakness

Documented cognitive or behavioral findings (if present):

☐ Memory impairment ☐ Slowed processing speed ☐ Reduced attention/concentration
☐ Executive dysfunction ☐ Language impairment ☐ Behavioral changes

Supporting findings (neuro exams, imaging, progression over time): _____

SECTION 3 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline fatigue or endurance level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do motor, cognitive, or fatigue symptoms unpredictably worsen?

☐ Daily ☐ Several times per week ☐ WeeklyMonthly ☐ 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 ☐ Follow simple instructions ☐ Complete tasks on schedule
☐ Leave home

LINER LEGAL
DISABILITY LAWYERS

NEURODEGENERATIVE DISORDERS
MEDICAL SOURCE STATEMENT

Due to neurologic symptoms, fatigue, 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%+

Likely absences per month due to symptoms or progression:

☐None ☐1 ☐2 ☐ 3+

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 ☐Walker ☐Wheelchair ☐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 tremor, rigidity, weakness, 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: _____