LINER LEGAL
DISABILITY LAWYERS

# NEUROPATHIC DISORDERS
# MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

## SECTION 1 — DIAGNOSIS, DURATION, AND ETIOLOGY

Peripheral neuropathy diagnosed by a medical provider? ☐ Yes ☐ No

Etiology of neuropathy (check all that apply):

☐ Diabetic ☐ Idiopathic ☐ Autoimmune ☐ Toxic/medication-induced

☐ Post-surgical ☐ Other: _____

Date symptoms became clinically significant: _____

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

Overall course:

☐ Stable ☐ Progressive ☐ Fluctuating ☐ Episodic worsening

## SECTION 2 — OBJECTIVE NEUROLOGICAL FINDINGS

Objective testing supporting neuropathy (check all that apply):

☐ EMG/NCS abnormalities ☐ Abnormal neurological exam

☐ Reduced sensation ☐ Reduced reflexes ☐ Motor weakness

☐ Gait abnormalities ☐ Balance impairment

Laterality:

☐ Bilateral ☐ Left-sided ☐ Right-sided

## SECTION 3 — SENSORY, MOTOR, AND COORDINATION DEFICITS

Neuropathy-related functional deficits documented longitudinally (check all that apply):

☐ Numbness ☐ Tingling ☐ Burning pain ☐ Loss of proprioception

☐ Fine motor impairment ☐ Hand weakness ☐ Foot drop

☐ Unsteady gait ☐ Frequent stumbling or falls

## SECTION 4 — VARIABILITY, PAIN, AND WORK SUSTAINABILITY

Typical baseline neuropathic pain severity:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do neuropathy symptoms unpredictably worsen?

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

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

☐ Maintain balance or safe ambulation ☐ Sustain pace or productivity

☐ Use hands consistently for fine tasks ☐ Remain at the workstation

☐ Complete tasks on schedule

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Due to pain, sensory loss, or coordination deficits, 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 neuropathic pain or functional decline:

☐None ☐1 ☐2 ☐3+

## SECTION 5 — SITTING, STANDING, AND WALKING TOLERANCE

Indicate the total time the patient can perform each activity in an 8-hour workday, considering pain, weakness, and balance impairment.

| 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 ☐Other:

## SECTION 6 — UPPER EXTREMITY USE AND MANIPULATIVE RELIABILITY

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

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

Pain, weakness, or coordination deficits 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 EMG/NCS studies and neurological examinations?

☐Yes ☐No ☐Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____